

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027144

1. Entity Name

MONTE CARLO CRUISE CONCESSIONS, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90037 030 \*\*\*150.00

Principal Place of Business

6400 CONGRESS AVENUE STE 2700  
BOCA RATON FL 33487

Mailing Address

6400 CONGRESS AVENUE STE 2700  
BOCA RATON FL 33487-2822

2. Principal Place of Business

3. Mailing Address

410 HAMP

Suite, Apt. #, etc.

16100 NE 14 Ave Ste B

City & State

North Miami Beach FL

Zip

33162

Country

USA

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0672465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIL, BRUCE A ESQ.  
1428 BRICKELL AVENUE 6TH FLOOR  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TETAL, DAN C/O 6400 CONGRESS AVENUE STE 2700 BOCA RATON FL 33487	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-17-00

Date

561-998-2450

Daytime Phone #

CR2E034 (9/99)