

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90036 014 ***150.00

DOCUMENT # P96000027144

1. Entity Name
MONTE CARLO CRUISE CONCESSIONS, INC.

Principal Place of Business 6400 CONGRESS AVENUE STE 2700 BOCA RATON FL 33487	Mailing Address C/O HMPD 16100 NE 16 AVE STE B N. MIAMI BCH FL 33162
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634387



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4901 N. Dixie Highway Suite, Apt. #, etc.	3. Mailing Address 4901 N. Dixie Highway Suite, Apt. #, etc.
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City & State Boca Raton FL	City & State Boca Raton FL	4. FEI Number 65-0672465	Applied For Not Applicable
Zip 33431	Country	Zip 33431	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEIL, BRUCE A ESQ. 1428 BRICKELL AVENUE 6TH FLOOR MIAMI FL 33131	7. Name and Address of New Registered Agent Name Dan Teitel Street Address (P.O. Box Number is Not Acceptable) 4901 N. Dixie Highway City Boca Raton FL Zip Code 33431
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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 **Dan Teitel President** **3/13/01**
Signature of 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, 2001 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 TEITEL, DAN C/O 6400 CONGRESS AVENUE STE 2700 BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEITEL, DAN C/O 4901 N. Dixie Highway Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 **Dan Teitel President** **3/13/01** **5614169717**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)