## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

Principal Place of Business

N. MIAMI BEACH FL 33162

16100 NE 16TH AVE

P96000027144

Mailing Address

16100 NE 16TH AVE

N. MIAMI BEACH FL 33162

1. Entity Name

MONTE CARLO CRUISE CONCESSIONS, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

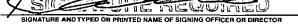
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2. Principal Place of Business				3. Mailing Address					(A)	HE I <b>dda</b> l Id <b>e</b> i I	JJB31 0101 (F80)		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te		City	/ & State			4. 1	FEI Number 65-0672465		<u> </u>	oplied For ot Applicable		
Zip Country			Zip	Zip Cour			5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
							Name						
TEITEL, D				Street Ac				ddress (P.O. Box Number is Not Acceptable)					
4901 N. D	IXIE HIGHW	ΆΥ							<u>.</u>				
BOCA RA	TON FL 334	31											
							<u></u>		FL	Zip Cod	е		
			or the purp	oose of changing its i	registere	d office o	registered ag	ent, or both, in the State of Fl	orida. I am fe	miliar with,	and accept		
the obligat	tions of registe	ered agent.											
SIGNATURE .													
	Signature, typed of	or printed name of registered ager	t and title if app	plicable. (NOTE:	Registered	Agent signat	ure required when re	einstating)	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fi Trust Fund Contribution			May Be		
10.		OFFICERS AND	DIRECTO	ORS	11.		AD	DITIONS/CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



12/03 561 416 9717 Date Daytime Phone #