

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078414

1. Entity Name

~~DESTINATION TRAVEL & CRUISES, INC.~~

Destination Cruise Center, Inc.

Principal Place of Business

7600 RED RD
305
SOUTH MIAMI FL 33143
US

Mailing Address

7600 RED RD
305
SOUTH MIAMI FL 33143
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

303

City & State

Suite, Apt. #, etc.

303

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0697450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, SUSAN

7600 RED RD

STE 305

MIAMI FL 33143

Name

MARIA E FELDMAN

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

7600 Red Rd

#303

City

MIAMI

FL

Zip Code

33143

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

Maria E Feldman

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.

☐

FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

VD FELDMAN, MARIA E

7600 RED RD #305

MIAMI FL 33143

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

PD CRUZ, SUSAN

7600 RED RD #305

MIAMI FL 33143

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

STD HERNANDEZ, ALFREDO Z

7600 RED RD #305

MIAMI FL 33143

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition

PRESIDENT/SECRETARY

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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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, 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 signatories.

SIGNATURE:

Maria E Feldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90050 012 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)