

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90001 029 ***158.75

DOCUMENT # P97000052401.**1. Entity Name****21ST CENTURY CRUISE LINE****Principal Place of Business**19370 COLLINS AVE
STE 810
MIAMI BEACH FL 33160
US**Mailing Address**19370 COLLINS AVENUE
810
MIAMI BEACH FL 33160
US**2. Principal Place of Business**

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**City & State****4. FEI Number**

N/A

Applied For

Not Applicable

Zip**Country****Zip****Country****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**SCHEER, GEORGE H
17201 COLLINS AVE
174
SUNNY ISLES FL 33160**7. Name and Address of New Registered Agent****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 reappointing)

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 \$5,150.00

W/OT MAY 1, 2001 FEE \$10,150.00

Mail to: Physical Property Department of State

**10. Election Campaign Financing
Trust Fund Contribution.**☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** D ☐ Delete
NAME JOSEPH, STANLEY R
STREET ADDRESS 19370 COLLINS AVE STE 810
CITY-ST-ZIP MIAMI BEACH FL 33160**TITLE** ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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:** Stanley R. Joseph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORStanley R. Joseph
4/25/2001 305 937 7712
Daytime Phone #