## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000053989**

TROPICAL CRUISES, INC.

Principal Place of Business 1300 S.W. 5TH COURT FORT LAUDERDALE FL 33312 Mailing Address

1300 S.W. 5TH COURT FORT LAUDERDALE FL 33312-2409

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

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2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State		4.	65-0776724		Applied For Not Applicable		1		
Zip	Country	Zip Coun		try	5. (			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. 1	Name and Address of New Re	gistered Ag	gent		l	
LEDERMAN, ERIKA L 1300 S.W. 5TH COURT FORT LAUDERDALE FL 33312				Name Street Address (P.O. Box Number is Not Acceptable)							
				City FL Zip Code							
SIGNATURE	named entity submits this statement for signature, typed or printed name of registered agent ation is eligible to satisfy its Intangible	and title if applicable (NOT	TE: Registere	d Agent signature red		sinstating)	DATE				
•	quirement and elects to do so.	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			State	Election Campaign Fina     Trust Fund Contribution.		Added	O May Be I to Fees		
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	ERS AND I	DIRECTOR	S IN 11	ے ا	
NAME STREET ADDRESS CITY-ST-ZIP	1000 02 0 01			L L				Change	☐ Addition	E034 (9/99)	
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NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	Oelete	CITY	E Et address -St-Zip	o Costia-	110 07(2Vi) Elected Character L		Change	Addition	}	

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 impowered 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 attaon in the internation of the corporation or the receiver or trustee impowered 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 attaon in the internation of the corporation or the receiver or trustee impowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR