

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020492

1. Entity Name

CRUISIN OF PLANTATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90229 026 ***150.00

Principal Place of Business

Mailing Address

8000 BROWARD BLVD.
UNIT #628
PLANTATION FL 33388
BR

533 N. NOVA ROAD STE. 115
ORMOND BEACH FL 32174-4421

2. Principal Place of Business

400 Parque Drive

3. Mailing Address

SAME

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

City & State

Ormond Beach, Fl.

City & State

4. FEI Number

59-3506582

Applied For

Not Applicable

Zip

32174

Country

Volusia

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, KAREN T
533 N. NOVA ROAD STE. 115
ORMOND BEACH FL 32174

Name

Cara Ash

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

400 Parque Dr #5

City

Ormond Beach

FL

Zip Code

32174

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 Cara Ash

Signature, typed or printed name of registered agent and title if applicable.

Bookkeeper

(NOTE: Registered Agent signature required when reinstating)

1/24/00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS MYARA, ALAIN
CITY-ST-ZIP 537 N. ATLANTIC AVE.
DAYTONA BEACH FL 32118

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.28.00

673.8488