

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

05-15-2000 90229 026 \*\*\*150.00

**DOCUMENT # P98000020492**

1. Entity Name  
**CRUISIN OF PLANTATION, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**8000 BROWARD BLVD.**      **533 N. NOVA ROAD STE. 115**  
**UNIT #628**      **ORMOND BEACH FL 32174-4421**  
**PLANTATION FL 33388**  
**BR**

2. Principal Place of Business      3. Mailing Address  
**400 Parque Drive**      **SAME**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 4**

City & State      City & State      4. FEI Number **59-3506582**      Applied For  
**Ormond Beach, Fl.**           Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**CLARK, KAREN T**      Name **Cara Ash**  
**533 N. NOVA ROAD STE. 115**      Street Address (P.O. Box Number is Not Acceptable) **400 Parque Dr #5**  
**ORMOND BEACH FL 32174**      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**      **Bookkeeper**      **1/27/00**  
Signature, typed or printed name of registrant 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.  (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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYARA, ALAIN</b>	NAME	
STREET ADDRESS	<b>537 N. ATLANTIC AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]**      **4.28.00**      **673.8488**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #