

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000020492**

1. Entity Name
CRUISIN OF PLANTATION, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90240 010 ***150.00

Principal Place of Business Mailing Address
400 PARQUE DR. **400 PARQUE DR.**
#4 **#4**
ORMOND BEACH FL 32174 **ORMOND BEACH FL 32174**
BR **BR**

2. Principal Place of Business 3. Mailing Address

State, Apt. #, etc. State, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3506582** Applied For Not Applicable

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

ASH, CARA
400 PARQUE DR. #5
ORMOND BEACH FL 32174

Name **Jennifer Clauser**
Street Address (P.O. Box Number is Not Acceptable) **400 Parque Dr #5**
City **Ormond Beach** 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: **Jennifer Clauser** 4-16-01
Signature of Registered Agent (Signature Required) (Signature Required)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 2001

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MYARA, ALAIN 537 N. ATLANTIC AVE. DAYTONA BEACH FL 32118	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, unchanged, or on an attachment with an address, with all other like empowered

SIGNATURE: **Alain Myara**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1000

4-16-01

CR2E034 (10/00)