FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91580 035 ***150.00

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020492

1. Entity Name
CRUISIN OF PLANTATION, INC.

Principal Place of Business	Mailing Address
~~400 PAROUE DR.~~ ~~#4~~ ~~ORMOND BEACH FL 32174~~ ~~BR~~	400 PARQUE DR. #X5 ORMOND BEACH FL 32174 BR

2. Principal Place of Business	3. Mailing Address
8000 W. Broward Blvd.	
Suite, Apt. #, etc. 628	Suite, Apt. #, etc.
City & State Plantation, Fl	City & State
Zip 33388 / Country U.S.A.	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

Clauer
~~CLAURICE,~~ JENNIFER
400 PARQUE DR. #5
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name SIMON MYARA
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 [signature] Simon myara. 5/14/02
Signature, typed or printed name of registered agent 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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYARA, ALAIN 537 N. ATLANTIC AVE. DAYTONA BEACH FL 32118 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Myara, Alain 400 Parque Drive#5 Ormond Beach FL. 32174 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 4-16-02 386-673-8488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)