

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90052 044 ***150.00

DOCUMENT # **P99000066405**

1. Entity Name

CARTEL CRUISE & TOUR LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5450 S. STATE RD 7

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 40

City & State

City & State

Hollywood FL

Zip

Country

Zip

Country

33314

USA

4. FEI Number

05-0842925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

PINHAS SHIRA

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

5450 S STATE RD 7 Bay 40

City

Hollywood FL

FL

Zip Code

33314

**DO NOT WRITE
IN THIS SPACE**

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 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PINHAS SHIRA
5450 S. STATE RD 7 Bay 40
Hollywood FL 33314**

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(3), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

954)792-4866

CR2E034B (12/01)