

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093855

1. Entity Name

CRUISE SOLUTIONS, INC.

FILED

Aug 24, 2000 8:00 am  
Secretary of State

08-24-2000 90027 009 \*\*\*550.00

Principal Place of Business

9901 N.W. 20TH STREET  
PEMBROKE PINES FL 33024

Mailing Address

9901 N.W. 20TH STREET  
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0960976

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name DONALD J. HENDRICKS  
Street Address (P.O. Box Number is Not Acceptable)  
9901 N.W. 20TH STREET  
City PEMBROKE PINES FL 33024

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 *Donald J. Hendricks*

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

(NOTE: Registered Agent signature required when reinstating)

8-3-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRICKS, DONALD J	
STREET ADDRESS	9901 N.W. 20TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRICKS, RICHARD	
STREET ADDRESS	9901 N.W. 20TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARX, DONNA H	
STREET ADDRESS	9901 N.W. 20TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRICKS, MARILYN	
STREET ADDRESS	9901 N.W. 20TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE: *Donald J. Hendricks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-00

Date

954-435-5720

Daytime Phone #

CR2F034 (5/00)