## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000099614

Entity Name: KOSHERICA CRUISES, INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2699 SEIRLING RD 2699 STIRLING ROAD

Y-405 C-405

FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312

Current Mailing Address: New Mailing Address:

2699 SEIRLING RD 2699 STIRLING ROAD Y-405 C-405

FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312

FEI Number: 65-0960524 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LASKO, SAM FLORIDA REGISTERED AGENTS, INC. 2699 STIRLING RD 2699 STIRLING RD

2699 STIRLING RD 2699 S SUITE C-405 A-201

FORT LAUDERDALE, FL 33312 US FORT LAUDERDALE, FL 33312 US

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: KEVIN C. GLEASON 05/01/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: DPST (X) Change ( ) Addition

 Name:
 SHIFMAN, OFFY A
 Name:
 SHIFFMAN, YEHUDA

 Address:
 2699 STIRLING RD
 Address:
 2699 STIRLING RD, C-405

 City-St-Zip:
 FORT LAUDERDALE, FL 33312
 City-St-Zip:
 FORT LAUDERDALE, FL 33312

Title: VD ( ) Delete Title: DVP (X) Change ( ) Addition

Name: LASKO, SAMUEL H Name: LASKO, SAMUEL H

Address: 2699 STIRLING ROAD # C405 Address: 2699 STIRLING ROAD C-405 City-St-Zip: FORT LAUDERDALE, FL 33314 City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YEHUDA SHIFFMAN DPST 05/01/2002