

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101391

1. Entity Name  
**MILLENNIUM CRUISE LINES, INC.**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90328 016 \*\*\*150.00

Principal Place of Business

**2800 BISCAYNE BLVD.  
MIAMI FL 33137**

Mailing Address

**2800 BISCAYNE BLVD.  
MIAMI FL 33137**

2. Principal Place of Business

**800 Brickell Ave  
Suite 900  
Miami, FL  
33131**

3. Mailing Address

**800 Brickell Ave.  
Suite 900  
Miami, FL  
33131**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0962588**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARO, FELIPE  
3505 S. OCEAN DR. NO. 201  
MIAMI FL 33019**

7. Name and Address of New Registered Agent

Name **Caro, Felipe**  
Street Address (P.O. Box Number is Not Acceptable) **800 Brickell Ave, Suite 900**  
City **Miami** FL **33131**

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 **Felipe Caro** **02/21/01**  
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD OCAMPO, CARINA 10980 NW 58TH TERR MIAMI FL 33178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OCAMPO, TULIO A 10980 NW 58TH TERR MIAMI FL 33178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OCAMPO, CARLOS A 10980 NW 58TH TERR MIAMI FL 33178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NELSON, DANIEL 621 PARK PLAZA DR. LACROSSE WI 54601</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REIDER, JAMES A 621 PARK PLAZA DR. LACROSSE WI 54601</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Ocampo, Carina 800 Brickell Ave, Suite 900 Miami, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Ocampo, Tulio A. 800 Brickell Ave, Suite 900. Miami, FL 33131.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Ocampo, Carlos A. 800 Brickell Ave, Suite 900. Miami, FL 33131.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X.W.** **CARLOS OCAMPO.** **02/21/01** **305-539-8323**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)