

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90038 006 ***150.00

DOCUMENT # P99000101391

1. Entity Name

MILLENNIUM CRUISE LINES, INC.

Principal Place of Business

800 BRICKELL AVE
 SUITE 900
 MIAMI FL 33131

Mailing Address

800 BRICKELL AVE
 SUITE 900
 MIAMI FL 33131

2. Principal Place of Business

MIAMI

3. Mailing Address

SAME

Suite, Apt. # etc.

901

Suite, Apt. #, etc.

SAME

City & State

MIAMI - FLORIDA

City & State

SAME

Zip

33131

Country

USA

Zip

Country

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
 800 BRICKELL AVE
 SUITE 900
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

CARLOS A. OCAMPO

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

11153 NW 71ST TERRACE

City

MIAMI, FL.

FL

Zip Code

33178-3788

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)

4-30-02

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

TITLE PSTD
 NAME OCAMPO, CARINA
 STREET ADDRESS 800 BRICKELL AVE SUITE 900
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE D
 NAME OCAMPO, TULIO A
 STREET ADDRESS 800 BRICKELL AVE SUITE 900
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE D
 NAME OCAMPO, CARLOS A
 STREET ADDRESS 800 BRICKELL AVE SUITE 900
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE D
 NAME NELSON, DANIEL
 STREET ADDRESS 621 PARK PLAZA DR.
 CITY-ST-ZIP LACROSSE WI 54601 ☐ Delete

TITLE D
 NAME REIDER, JAMES A
 STREET ADDRESS 621 PARK PLAZA DR.
 CITY-ST-ZIP LACROSSE WI 54601 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

(305) 573-1117

Daytime Phone #

CR2E034 (9/01)