

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90130 001 ***300.00

DOCUMENT # P99000105268

1. Entity Name

INTERNET CRUISE TRAVEL NETWORK, INC.

Principal Place of Business

Mailing Address

**S. DIXIE HWY.. #214
 FL 33156**

**9655 S. DIXIE HWY.. #214
 MIAMI FL 33156**

2. Principal Place of Business

9655 S. Dixie Hwy

Suite, Apt. #, etc.

Suite 208

City & State

Miami FL

Zip

33156

Country

USA

3. Mailing Address

9655 S. Dixie Hwy

Suite, Apt. #, etc.

Suite 208

City & State

Miami FL

Zip

33156

Country

USA

6. Name and Address of Current Registered Agent

MERRITT, GORDON

9655 S. DIXIE HWY.. #214 208

MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
**PS
 MERRITT, GORDON
 9655 S. Dixie Hwy #208
 Miami FL 33156** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VT
 MERRITT, Deborah
 9655 S. Dixie Hwy #208
 Miami, FL 33156** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)