## 2001 UNIFORM BUSINESS REPORT (UBR) Jun 04, 2001 8:00 am Secretary of State DOCUMENT # P99000105268 INTERNET CRUISE TRAVEL NETWORK, INC. 05-15-2001 90078 025 \*\*\*150.00 Principal Place of Business Mailing Address 9655 S. DIXIE HWY., #214 9655 S. DIXIE HWY., #214 111111111111111 MIAME FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apl, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 208 208 Suite City & State City & State 4. FEI Number Applied For APPLIED FOR 65 - 109959 8 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Na ne MERRITT, GORDON Striet Address (P.O. Box Number is Not Acceptable) #208 9655 S. DIXIE HWY., #214 MIAMI FL 33156 Zip Code entity submits this statement for the purpose of changing its registered of ce or registered agent, or both, in the State of Florida. 21, 2001 Losson Messert SIGNATURE (NOTE: Registered Ager 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE PS Oelete TITLE ☐ Change ☐ Addition NAME MERRITT, GORDON NAME STREET ADDRESS 9655 S. DIXIE HWY #208 STREET ADDITIESS CITY-ST-ZIP CITY-ST-ZI MIAMI FL 33156 TITLE TITLE Delete ■ Addition MERRITT, DEBORAH NAME NAME STREET ADDRESS STREET ADDRESS 9655 S. DIXIE HWY #208 CITY-ST-ZIP CITY-ST-ZF MIAMI FL 33158 TITLE Delete TITLE Change ☐ Addition MAME NAME STREET ADD RESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZI TATLE Addition ☐ Dalete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADT RESS CITY-ST-ZIP CITY-ST-ZI

13. I hereby certify that the information supplied with this filing does not qualify for the exemptic in 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 certify 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 chapter 607 or on an attactment with an address, with all other like empowered.

TITLE

NAME

STREET ADTRESS

CITY-ST-Z

☐ Detete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GORDON MERRITY

1-Den 21, 2001 305-666-8160

☐ Change

☐ Addition