

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S34430**

Entity Name

PORT EVERGLADES PASSENGER SERVICES, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90122 010 ***150.00

0323137 AV

Principal Place of Business
9 SW 17TH STREET
FORT LAUDERDALE FL 33315

Mailing Address
P.O. BOX 165161
FORT LAUDERDALE FL 33316
US

B0029891



Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0250899**Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUBERTH, EUGENE
619 SW 17TH STREET
FORT LAUDERDALE FL 33315

Name

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

City

FL

Zip Code

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

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

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
VP	SCHUBERTH, VIOLA	7704 FALL CLIFF RD.	LAS VEGAS NV 89149				
PSTD	SCHUBERTH, EUGENE	619 SW 17TH STREET	FT LAUDERDALE FL 33315				

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

V2-5-02 954/463-N703
Date Daytime Phone #

CR2E034 (9/01)