

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90018 028 ***150.00

DOCUMENT # V70990

1. Entity Name
ROYAL CARIBBEAN MERCHANDISE INC.

Principal Place of Business

1050 CARIBBEAN WAY
MIAMI FL 33132

Mailing Address

1050 CARIBBEAN WAY
C/O LEGAL DEPARTMENT
MIAMI FL 33132
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0366651**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, MICHAEL J
1050 CARIBBEAN WAY
MIAMI FL 33132

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P. WILLIAMS, JACK L**
 STREET ADDRESS **1050 CARIBBEAN WY**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Change ☒ Addition
 NAME **V/T Bonnie S. Biumi**
 STREET ADDRESS **1050 Caribbean Way**
 CITY-ST-ZIP **Miami, FL 33132**

TITLE ☐ Delete
 NAME **V GLASIER, RICHARD J**
 STREET ADDRESS **1050 CARIBBEAN WAY**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☒ Addition
 NAME **D Bernard W. Aronson**
 STREET ADDRESS **1133 Connecticut Av NW Suite 700**
 CITY-ST-ZIP **Washington D.C. 20031**

TITLE ☐ Delete
 NAME **D ARNEBERG, TOR**
 STREET ADDRESS **110 NEARWATER LANE**
 CITY-ST-ZIP **DARIEN CT 06820**

TITLE ☐ Change ☒ Addition
 NAME **D Eyal Ofer**
 STREET ADDRESS **18 Upper Brook Street**
 CITY-ST-ZIP **London W1Y 1PD England**

TITLE ☐ Delete
 NAME **V GOULD, BLAIR H**
 STREET ADDRESS **1050 CARIBBEAN WAY**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☒ Addition
 NAME **D Arvid Grundekjoen**
 STREET ADDRESS **Beddingen 8, Aker Brygge**
 CITY-ST-ZIP **Oslo 1, NO 0018, Norway**

TITLE ☐ Delete
 NAME **S SMITH, MICHAEL J**
 STREET ADDRESS **1050 CARIBBEAN WAY**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☒ Change ☐ Addition
 NAME **V/S Michael J. Smith**
 STREET ADDRESS **1050 Caribbean Way**
 CITY-ST-ZIP **Miami, FL 33132**

TITLE ☐ Delete
 NAME **CD FAIN, RICHARD D**
 STREET ADDRESS **1050 CARIBBEAN WAY**
 CITY-ST-ZIP **MIAMI FL 33132**

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

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:

Michael J. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Smith, Secretary

Date

305-539-6630

Daytime Phone #

CR2E034 (9/01)