

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90469 009 ***150.00

0025027

DOCUMENT # 243796

1. Entity Name

ROYAL POINCIANA TRAVEL, INC.

Principal Place of Business

**332-B ROYAL POINCIANA PLAZA
 P.O. BOX 1061
 PALM BEACH FL 33480**

Mailing Address

**332-B ROYAL POINCIANA PLAZA
 P.O. BOX 1061
 PALM BEACH FL 33480**

2. Principal Place of Business

340 Royal Poinciana Way

3. Mailing Address

340 Royal Poinciana Way

Suite, Apt. #, etc.

Suite 324

Suite, Apt. #, etc.

Suite 324

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

USA

Zip

33480

Country

USA

4. FEI Number

59-0918532

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ZMISTOWSKI, ANTHONY R
 332 B. ROYAL POINCIANA PLAZA
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name
Zmistowski, Anthony R.
 Street Address (P.O. Box Number is Not Acceptable)
340 Royal Poinciana Way
Suite 324
 City
Palm Beach, FL **FL** Zip Code
33480

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 Anthony R. Zmistowski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/2001

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, 2001 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	T	<input checked="" type="checkbox"/> Delete
NAME	HOWLEY, JOAN	
STREET ADDRESS	1331 N "K" STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIERA, MIGUEL	
STREET ADDRESS	3800 WASHINGTON ROAD APT. 902	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZMISTOWSKI, ANTHONY	
STREET ADDRESS	8550 NASHUA DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZMISTOWSKI, MARTHANN	
STREET ADDRESS	8550 NASHUA DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Anthony R. Zmistowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 30, 2001 561-833-4651

Date

Daytime Phone #

CR2E034 (10/00)