

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90007 001 \*\*\*\*61.25

**DOCUMENT # 715400**

1. Entity Name

**ROYAL ATLANTIC ASSOCIATION INC.**

Principal Place of Business

Mailing Address

465 OCEAN DRIVE  
 3RD FLOOR  
 MIAMI BEACH FL 33139

465 OCEAN DRIVE  
 ROOM 300  
 MIAMI BEACH FL 33139-6628

2. Principal Place of Business

465 Ocean Drive

3. Mailing Address

SAME

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

City & State

Miami Beach

City & State

4. FEI Number

59-1349044

Applied For

Not Applicable

Zip

Country

33139

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMOLER, BRUCE  
 100 SE 2ND ST.  
 STE 2620  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **BECKER & POLIAKOFF, P.A.**

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

5201 Blue Lagoon Drive, Suite #100

City **Miami**

FL

Zip Code **33126**

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

*Sheila Hellman V.P.*  
**SHEILA HELLMAN**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/00

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HAMMONS, FRANK T</b>	
STREET ADDRESS	<b>465 OCEAN DR #319</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HELLMAN, SHEILA</b>	
STREET ADDRESS	<b>465 OCEAN DR #622</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TERRY, LILA</b>	
STREET ADDRESS	<b>465 OCEAN DR #510</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MEER, HANS V</b>	
STREET ADDRESS	<b>465 OCEAN DR #1116</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HELLMAN, SHEILA</b>	
STREET ADDRESS	<b>465 OCEAN DRIVE APT 622</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEGUIRISTAIN, MARIO</b>	
STREET ADDRESS	<b>465 OCEAN DR #317</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANK HAMMONS</b>	
STREET ADDRESS	<b>465 Ocean Drive, #319</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>	
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	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEGUIRISTAIN, MARIO</b>	
STREET ADDRESS	<b>465 Ocean Drive, #317</b>	
CITY-ST-ZIP	<b>Miami Beach FL 33139</b>	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sheila Hellman V.P.*  
**SHEILA HELLMAN V.P.**

Date

1/14/00

Daytime Phone #

305-672-7995

CR2E037 (9/99)