

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90055 049 \*\*\*\*61.25

**DOCUMENT # 715400**

1. Entity Name

**ROYAL ATLANTIC ASSOCIATION INC.**

Principal Place of Business

Mailing Address

465 OCEAN DRIVE  
 #300  
 MIAMI BEACH FL 33139

465 OCEAN DRIVE  
 ROOM 300  
 MIAMI BEACH FL 33139

2. Principal Place of Business

*Same above*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Miami Beach*

City & State

4. FEI Number

**59-1349044**

Applied For

Not Applicable

Zip

*33139*

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

**KALLICHE, ANTHONY A ESQ.**  
**5201 BLUE LAGOON DRIVE**  
**SUITE 100**  
**MIAMI FL 33126**

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]*

*H.M. VANDERMEER*

*2/1-2002*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	HELLMAN, SHEILA	
STREET ADDRESS	465 OCEAN DR #622	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	SLADON, STEPHANIE	
STREET ADDRESS	345 OCEAN DRIVE #614	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRETTO, JUDY	
STREET ADDRESS	510 VALENCIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	PILOTO, RAMON	
STREET ADDRESS	465 OCEAN D DRIVE #521	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	PITTMAN, LISA	
STREET ADDRESS	9225 NE 12TH AVENUE	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEGUIRISTAIN, MARIO	
STREET ADDRESS	465 OCEAN DRIVE #317	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

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
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*[Signature]* H.M. VANDERMEER

*2/1/02*

*305-672-7945*

CR2E037 (9/01)