2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715400

1. Entity Name

ROYAL ATLANTIC ASSOCIATION INC.



FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90132 011 ****61.25

Principal Place of Business Mailing Address 465 OCEAN DRIVE 465 OCEAN DRIVE #300 ROOM 300 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Same as abore Same as above Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-1349044 Applied For City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KALLICHE, ANTHONY A ESQ. Street Address (P.O. Box Number is Not Acceptable) 5201 BLUE LAGOON DRIVE SUITE 100 **MIAMI FL 33126** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. President (10/02) TITLE □ Delete TITLE Change ☐ Addition HELLMAN, SHEILA Heliman, SHEILA NAME NAME 405 Ocean Drive # 619 465 OCEAN DR #622 STREET ADDRESS STREET ADDRESS CR2E037 CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP Hiami Beach ☐ Delete TITLE ☐ Change ☐ Addition SLADON, STEPHANIE NAME NAME STREET ADDRESS 345 OCEAN DRIVE #614 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP Vice = President Change TITLE Delete TITLE ☐ Addition PRETTO, JUDY Vandermeer, HAns NAME 466 Ocean Drive #1116 510 VALENCIA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33145 CITY-ST-ZIP HIAM, Beach, FL 33139 Delete Change MOHR, Greg. PILOTO, RAMON NAME NAME 466 Ocean Brive #903 STREET ADDRESS 465 OCEAN DDRIVE #521 STREET ADDRESS HIANI BLACH, FL 33139 CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition PITTMAN LISA 18701 West Oakmant Drive PITTMAN, USA NAME NAME STREET ADDRESS 9225 NE 12TH AVENUE STREET ADDRESS MIQMI, FL 33015 CITY-ST-ZIP MIAMI SHORES FL 33138 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition BEGUIRISTAIN, MARIO NAME NAME STREET ADDRESS 465 OCEAN DRIVE #317 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

122/03 305-672-7945