

FILED  
May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90129 004 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # G82609**

1. Entity Name  
**ROYAL PALM ACRES, INC.**



Principal Place of Business  
P O BOX 381735  
MIAMI, FL 33138

Mailing Address  
P O BOX 381735  
MIAMI, FL 33138

2. Principal Place of Business  
1251 NE 83RD STREET  
Suite, Apt. #, etc.

3. Mailing Address  
1251 NE 83RD STREET  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
**59-2500530**

Applied For  
☐ Not Applicable

Zip  
33130

Country  
USA

Zip  
33130

Country  
USA

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

MURRY, FELSON  
1251 NE 83 ST.  
MIAMI, FL 33138

Name  
**FELSEN, MURRAY**  
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. 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)

**4/29/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FELSEN, MURRAY  
1251 NE 83 STREET  
MIAMI, FL 331384140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FELSEN, MURRAY ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03** (305) 157-4042  
Date Original Phone #

CFR2034 (10/02)