

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90120 039 \*\*\*150.00

**DOCUMENT # P97000096166**  
 Entity Name  
**ROYAL LEASING OF SOUTH FLORIDA, INC.**

Principal Place of Business      Mailing Address  
 3350 N.W. 2ND AVENUE      3350 N.W. 2ND AVENUE  
 SUITE B-38      SUITE B-38  
 BOCA RATON FL 33431      BOCA RATON FL 33431-6656



DO NOT WRITE IN THIS SPACE  
**59-2303185**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      P.O. Box 680  
 City & State      Boca Raton  
 City & State      FL  
 Zip      33429      Country      Panama/B-6

4. FEI Number **APPLIED FOR**      Applied For / Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BARONE, JOANNE**  
 3350 N.W. 2ND AVENUE  
 SUITE B-38  
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent  
 Name **SAM CALIENDO**  
 Street Address (P.O. Box Number is Not Acceptable)  
 3350 N.W. 2ND AVENUE      Suite B-38  
 City      BOCA RATON, FLORIDA 33432      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARONE, JOANNE	NAME	
STREET ADDRESS	3350 N.W. 2ND AVENUE STE. B-38	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALIENDO, SAM S	NAME	
STREET ADDRESS	3350 NW 2ND AVE STE B-38	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIANA CALIENDO
STREET ADDRESS		STREET ADDRESS	P.O. BOX 680
CITY-ST-ZIP		CITY-ST-ZIP	BOCA RATON FL. 33429
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an other I am empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/9/00 DAYTIME PHONE #: 561-477-4001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)