## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 11, 2001 8:00 am DOCUMENT # 559813

1. Entity Name ROYAL FOUR REALTY AND INVESTMENT CORPORATION					Secretary of State 01-11-2001 90052 046 ***150.00			
Principal Place of Business Mailing Address 950 N FEDERAL HWY 950 N FEDERAL HWY POMPANO BEACH FL 33062 POMPANO BEACH FL 33062			2		- C0002654			
2. Principal Pl	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	El Number <b>59-1804647</b>	,	<u> </u>	plied For t Applicable
Zip Country		Zip Country		5. (	Certificate of Status Desired		8.75 Add	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current R	egistered Agent	<del></del>	7. P	lame and Address of New Re	gistered Ag	ent	
		7	Name					
EDWARDS, GEORGE E 950 N. FEDERAL HWY POMPANO BEACH FL			Street A	Street Address (P.O. Box Number is Not Acceptable)				
FOM	PANO BEACHTE		City	_ <del></del>		FL	Zip Code	e
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. Intangible ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		550.00				
11.	OFFICERS AND D	DIRECTORS	12.	ΑĽ	DITIONS/CHANGES TO OFFI	CERS AND [	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, GEORGE E. 950 N FEDERAL HWY POMPANO BEACH FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				Change	☐ Addition
TITLE .  NAME  STREET ADDRESS  CITY-ST-ZIP		_ Delete	NAME STREET ADDRESS CITY-ST-ZIP		u ng mananan		Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition

indicated on this report or supplied who are initing does not quality for the exemption saled in section 1.19.07 (5)(f), Florida Statutes. Turner certary that the monitorial 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #