

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 715026**

1. Entity Name

**ROYAL BAHAMIAN ASSOCIATION, INC.****FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90061 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

14275 SW 142 AVENUE  
C/O MIAMI MGMT INC  
MIAMI FL 3318614275 SW 142 AVENUE  
C/O MIAMI MGMT INC  
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1224627**

Applied For

Not Applicable

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

**EISINGER, DENNIS**  
**4000 HOLLYWOOD BLVD #265 SOUTH**  
**HOLLYWOOD FL 33021**

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
REINSTEIN, REBECCA  
1175 NE MIAMI GARDENS DR #801E  
N MIAMI BEACH FL 33179 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ADA JOSEPH D  
1075 NE MIAMI GARDENS DR.  
MIAMI FL 33179 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MACE, MARILYN  
1175 NE MIAMI GARDENS DR #805E  
N MIAMI BEACH FL 33179 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MABEL MILLER D  
1175 MIAMI GARDENS DR.  
N. MIAMI BEACH FL 33179 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
FRUMOVITZ, RUTH  
1175 NE MIAMI GARDENS DR #610E  
N MIAMI BEACH FL 33179 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CUTLER, BETTY  
1175 NE MIAMI GARDENS DR #102E  
N MIAMI BEACH FL 33179 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
KLEIN, ROBERT  
1075 NE MIAMI GARDENS DR #303W  
NORTH MIAMI BEACH FL 33179 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)