

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 769249**

1. Entity Name

ROYAL GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**10543 SW 69 TERRACE
MIAMI FL 33173
US**

Mailing Address

**ROYAL GARDENS HOMEOWNER'S ASSOCIATION
10543 SW 69 TERR
MIAMI FL 33173
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2267977

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

**GIRO, FABIO V
10543 SW 69 TERRACE
MIAMI FL 33173**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BIANCO, REYNARDO	
STREET ADDRESS	10626 SW 69 TERR	
CITY-STATE-ZIP	MIAMI FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	GIRO, FABIO V	
STREET ADDRESS	10543 SW 69 TERR	
CITY-STATE-ZIP	MIAMI FL	

TITLE	TS	<input type="checkbox"/> Delete
NAME	PARDO, GUSTAVO	
STREET ADDRESS	10532 SW 69 TERR	
CITY-STATE-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	PESTANA, FERNANDO	
STREET ADDRESS	6809 SW 106 CT	
CITY-STATE-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90090 031 ****61.25



DO NOT WRITE IN THIS SPACE

0043313

CR2E037 (10/00)