

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004600

1. Entity Name

ROYALTY U.S.A., INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90040 016 \*\*\*150.00

Principal Place of Business

Mailing Address

7930 N.W. 36ST  
#18  
MIAMI FL 33166  
US

7930 N.W. 36 ST  
#18  
MIAMI FL 33166-6666  
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

65-0604329

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

PARDINAS, ANTONIO  
7930 N.W. 36 ST  
#18  
MIAMI FL 33166

Name

Madelin Ferreiro

Street Address (P.O. Box Number is Not Acceptable)

7930 NW 36 ST. #18

City

Miami

FL

Zip Code

33166

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

*Ferreiro*

1/31/00

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 C  
NAME ESCUDERO, ESTEBAN S  
STREET ADDRESS COND. MADRE SELVA PH-1, AVE SAN PATRICIO  
CITY-ST-ZIP GUAYNALOO, PR 00968 ☐ Delete

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

TITLE CP  
NAME VIRSIDA, CECILIA  
STREET ADDRESS COND. MADRE SELVA PH-1, AVE SAN PATRICIO  
CITY-ST-ZIP GUAYNALOO, PR 00968 ☐ Delete

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

TITLE D  
NAME PARDINAS, ANTONIO  
STREET ADDRESS 7215 MIAMI LAKES DR. - APT. 8A  
CITY-ST-ZIP MIAMI FL 33014 ☒ Delete

TITLE D  
NAME Ferreiro, Madelin  
STREET ADDRESS 2832 W. 72 Terr.  
CITY-ST-ZIP Hialeah, FL 33018 ☒ Change ☐ Addition

TITLE V  
NAME SANTIAGO, ESTEBAN  
STREET ADDRESS COND. MADRE SELVA PH-1, AVE. SAN PATRICIO  
CITY-ST-ZIP GUAYNABO, PR 00968 ☐ 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

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ferreiro Madelin Ferreiro*

Date

Daytime Phone #

1/31/00

305-392-9990

CR2E034 (9/99)