Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 2002 8:00 am F97000004648 DOCUMENT # **Secretary of State** 1. Entity Name ROYAL REALTY CORPORATION 02-27-2002 90078 021 ***150.00 Principal Place of Business Mailing Address 708 THIRD AVE. - 15TH FL. 708 THIRD AVE. - 15TH FL. NEW YORK NY-10017-4146" NEW YORK NY 10017-4146 JOHN SET HOUSE SE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-2653933 Not Applicable Zip Zip Country Country \$8.75-Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 IT. da. Ho tool day, it tool to il = 11 | Zp Code(s) (新) (新) City 施品 幻察 用动物医中脑 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its!Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \square Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE SHAH, JAGDISH NAME NAME STREET ADDRESS 708 THIRD AVE. - 15TH FL. STREET ADDRESS **NEW YORK NY 10017-4146** CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change TITLE FORNABAIO, ROSINA NAME NAME STREET ADDRESS 708 THIRD AVE. - 15TH FL. STREET ADORESS NEW YORK NY_10017-4146 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [7] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 to the corporation of the corporation or an attachment with an address, with all other like empowered.