

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G49637**

1. Entity Name

ROYAL OAKS MAINTENANCE CORP.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90095 017 ***158.75

Principal Place of Business

Mailing Address

% R. O. LOVELL
 1498 WEST 84TH ST.
 HIALEAH FL 33014

% R. O. LOVELL
 1498 WEST 84TH ST.
 HIALEAH FL 33014-3363



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2400382**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

LOVELL, R. O.
1498 WEST 84TH ST.
HIALEAH FL 33014

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELL, R O	NAME	
STREET ADDRESS	1498 W 84TH ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 00000	CITY-ST-ZIP	
TITLE	ASD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, VALERIE	NAME	
STREET ADDRESS	1498 W 84TH ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 00000	CITY-ST-ZIP	
TITLE	SVD <input type="checkbox"/> Delete	TITLE	VP, D, I, S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELL, ROSE A.	NAME	LOVELL, ROSE A.
STREET ADDRESS	1498 WEST 84TH STREET	STREET ADDRESS	1498 W. 84th Street
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP	hialeah, FL 33014
TITLE	<input type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	LIFO, NORA ANN
STREET ADDRESS		STREET ADDRESS	1498 W. 84th Street
CITY-ST-ZIP		CITY-ST-ZIP	Hialeah, FL 33014
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: R. O. Lovell **R. O. LOVELL, PRESIDENT 1/5/2000 305 821-1331**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2000/01/01