

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K82862

1. Entity Name

ROYAL SPECIAL INVESTIGATIONS UNIT, INC.

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90634 001 *4,050.00

40893



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
% BRUCE GOTTlieb 125 N 46 AVE HOLLYWOOD FL 33021-6601		8200 W. SUNRISE BLVD. C-6 PLANTATION FL 33322-5426 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	58-1846757	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	
GOTTlieb, BRUCE M. 125 N 46 AVE 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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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 IF ANY	
TITLE	VST	TITLE	
NAME	ST. AUBIN, ROBERT	NAME	
STREET ADDRESS	8200 W. SUNRISE BLVD. C-6	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	RIFKIN, JERRY	NAME	
STREET ADDRESS	8200 W. SUNRISE BLVD. #C-6	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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)(c) 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: Robert St. Aubin Jr 4/10/00 561-750-4477
 4/23/01 561-750-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)