

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90055 042 \*\*\*\*55.00

**DOCUMENT # L01000005110**

1. Entity Name

**ROYAL PALM CAPITAL LLC**

Principal Place of Business

**1825 PONCE DE LEON BLVD.. #267  
CORAL GABLES FL 33134**

Mailing Address

**1825 PONCE DE LEON BLVD.. #267  
CORAL GABLES FL 33134**

2. Principal Place of Business

**1825 PONCE DE LEON BLVD #267**

Suite, Apt. #, etc.

3. Mailing Address

**1825 PONCE DE LEON BLVD #267**

Suite, Apt. #, etc.

City & State  
**CORAL GABLES FL**

City & State  
**CORAL GABLES FL**

4. FEI Number

**65-1141877**

Applied For

Not Applicable

Zip  
**33134**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST., STE. 1  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

**CAPITAL CONNECTION INC**

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

**417 EAST VIRGINIA ST #1**

City

**TALLAHASSEE**

**FL**

Zip Code

**32301**

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 \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MGR  
Jorge de Velasco  
1825 PONCE DE LEON BLVD #267  
CORAL GABLES FL 33134**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MGR  
Raul de Velasco  
1825 PONCE DE LEON BLVD #267  
CORAL GABLES FL 33134**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MGR  
Luis De Varona  
1825 PONCE DE LEON BLVD #267  
CORAL GABLES FL 33134**

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Jorge de Velasco*

**Jorge de Velasco / OPERATING MANAGER 4-30-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)