

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000009006**

1. Entity Name

ROYAL STAR RESORTS, LLC

Principal Place of Business

**12179 APOPKA VINELAND RD., UNIT 541
ORLANDO FL 32836**

Mailing Address

**12179 APOPKA VINELAND RD., UNIT 541
ORLANDO FL 32836**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59.372959

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **KAUSHIK J. NANA**

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

12179 APOPKA VINELAND ROAD.# **541**City **ORLANDO**

FL

Zip Code

32836

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

4/29/02**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR
NAME QUDDUCI, MOHAMMED
STREET ADDRESS 12179 APOPKA VINELAND RD., UNIT 541
CITY-ST-ZIP ORLANDO FL 32836**☐ Delete**TITLE
NAME
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CITY-ST-ZIP**☐ Delete**TITLE
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CITY-ST-ZIP**☐ Delete

10. ADDITIONS/CHANGES

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

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

Date

Daytime Phone #

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-13-2002 90202 035 *****50.00

94279

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)