

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-05-2002 90014 038 ****50.00

DOCUMENT # L01000020568

1. Entity Name

ROYAL AVALON, L.C.

Principal Place of Business

1132 KANE CONCOURSE LEVEL TWO
 BAY HARBOR ISLAND FL 33154

Mailing Address

1132 KANE CONCOURSE LEVEL TWO
 BAY HARBOR ISLAND FL 33154

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

02-0538889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASTRO, CARLOS ALBERTO
 1200 BRICKELL AVENUE, SUITE 1440
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Juan A. Figueroa, P.A., C.P.A.

Street Address (P.O. Box Number is Not Acceptable)
 2701 S. Le Jeune Road,

Suite #310

City Coral Gables

FL

Zip Code 33134

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE S
 NAME ROYAL AVALON, S.A.
 STREET ADDRESS 1132 KANE CONCOURSE LEVEL TWO
 CITY-ST-ZIP BAY HARBOR ISLAND FL 33154 ☐ Delete

TITLE MGRM
 NAME BALAS, SALOMON
 STREET ADDRESS 1132 KANE CONCOURSE LEVEL TWO
 CITY-ST-ZIP BAY HARBOR ISLAND FL 33154 ☐ Delete

TITLE MGRM
 NAME BALAS, JUAN
 STREET ADDRESS 1132 KANE CONCOURSE LEVEL TWO
 CITY-ST-ZIP BAY HARBOR ISLAND FL 33154 ☐ Delete

TITLE MGRM
 NAME BALAS, JAIME
 STREET ADDRESS 1132 KANE CONCOURSE LEVEL TWO
 CITY-ST-ZIP BAY HARBOR ISLAND FL 33154 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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: X

[Signature]

SALOMON BALAS

X

4/18/02

X

305 861 5540

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

Date

Daytime Phone #

CR05ENP2 05/01/02