

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90750 007 \*\*\*\*50.00

**DOCUMENT # L02000026249**

1. Entity Name

**ROYAL BROKERAGE GROUP LLC**



Principal Place of Business

**1933 WEST COPANS ROAD  
POMPANO BEACH FL 33064**

Mailing Address

**1933 WEST COPANS ROAD  
POMPANO BEACH FL 33064**

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

**45-0484936**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIRKIN, MARK H  
C/O MIRKIN & WOOLF, P.A.  
1700 PALM BEACH LAKES BLVD #580  
WEST PALM BEACH FL 33401**

Name

**MELVIN LEINER**

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

**2841 N.E. 23RD ST.**

City

**Pompano Beach**

FL

Zip Code

**33062**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**MELVIN LEINER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/10/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LEINER, MELVIN  
2841 N.E. 23RD STREET  
POMPANO BEACH FL 33062**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MARKS, DARREN M  
2200 BAY DRIVE  
POMPANO BEACH FL 33062**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GARABEDINA, ALEXANDER C  
7485 SW 157TH TERRACE  
MIAMI FL 33157**

☐ Delete

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

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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:

**MELVIN LEINER**

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

**4/10/03**

Date

**(954) 970-0096**

Daytime Phone #

CR2E083 (10/02)