

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 14 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000002938**

1. Entity Name
ROYO HOBE, L.C.

Principal Place of Business
**900 WEST 49TH STREET, SUITE 438
HIALEAH FL 33012**

Mailing Address
**900 WEST 49TH STREET, SUITE 438
HIALEAH FL 33012-3488**



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

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MJM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, PHILIP
900 W. 49TH STREET, SUITE 438
HIALEAH FL 33012**

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
**MGRM
YOUNG, PHILIP**
STREET ADDRESS **900 WEST 49TH STREET, SUITE 438**
CITY- ST- ZIP **HIALEAH FL 33012**

TITLE NAME Change Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME Delete
**MGRM
ROGOW, EILEEN**
STREET ADDRESS **900 WEST 49TH STREET, SUITE 438**
CITY- ST- ZIP **HIALEAH FL 33012**

TITLE NAME Change Addition
600003224206 -- 1
-04/26/00--01016--020
*******50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME Change Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Philip Young
PHILIP YOUNG

Date

1/5/00

Daytime Phone #

(305) 826-7865

CR2E063 (9/99)