

2001 UNIFORM BUSINESS REPORT (UBR)

0009889 AF

DOCUMENT # L99000008565

1. Entity Name

ROYAL EXPLORER DEVELOPMENT, L.L.C.

FILED
01 MAR 30 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VR 4/6



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4850 S.W. 72ND AVENUE
MIAMI FL 33155

Mailing Address

4850 S.W. 72ND AVENUE
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0965673

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CERVANTES, PATRICIO
4850 S.W. 72ND AVENUE
MIAMI FL 33155

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
STREET ADDRESS
CITY - ST - ZIP
MGRM
CERVANTES, PATRICIO
4850 S.W. 72ND AVENUE
MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition
3000003962879--8
--04/06/01 --01058--013
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KREUTZBERGER, PATRICIO
4850 S.W. 72ND AVENUE
MIAMI FL 33155 ☐ Delete

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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:

Patricio Cervantes

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

Date

Daytime Phone #

322-01

305661569

CR2E083 (11/00)