

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90057 016 \*\*\*\*70.00

**DOCUMENT # N94000000912**

1. Entity Name

**ROYAL OAKS OFFICE PARK OWNERS ASSOCIATION, INC.**

Principal Place of Business

1498 W 84 ST  
 HIALEAH FL 33014

Mailing Address

1498 W 84 ST  
 HIALEAH FL 33014-3363

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0499043**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOVELL, R O**  
**1498 W 84 ST**  
**HIALEAH FL 33014**

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOVELL, R O	
STREET ADDRESS	1498 W 84 ST	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, VALERIE	
STREET ADDRESS	1498 W 84 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAMKER, SHIRLEY M	
STREET ADDRESS	1498 W 84 ST	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	TV	<input type="checkbox"/> Delete
NAME	LOVELL, ROSE A.	
STREET ADDRESS	1498 WEST 84TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Lupo, NORA ANN		
STREET ADDRESS	1498 W. 84th Street		
CITY-ST-ZIP	Hialeah, FL 33014		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

**SIGNATURE:** *[Signature]* **REQUIRED** **O. LOVELL, PRESIDENT** 1/5/2000 305 821-1331  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #