


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90237 020 ****61.25

DOCUMENT # N94000000912

1. Entity Name
ROYAL OAKS OFFICE PARK OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

8431 DUNDEE TERRACE **P O BOX 22763**
MIAMI LAKES FL 33016 **HIALEAH FL 33002**
US **US**

11016835



2. Principal Place of Business 3. Mailing Address

8053 NW 155 ST **8053 NW 155 ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State

MIAMI LAKES FL **MIAMI LAKES FL**

Zip Country Zip Country

33016 **U.S.A.** **33016** **U.S.A.**

4. FEI Number **65-0499043** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

YEAR ROUND MANAGEMENT COMPANY
8431 DUNDEE TERRACE
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name **YEAR Round MANAGEMENT Co**
Street Address (P.O. Box Number is Not Acceptable)
8053 NW 155 ST
City **MIAMI LAKES** FL Zip Code **33016**

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  DATE **04/09/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P T	<input type="checkbox"/> Delete
NAME	ANON, WALTER ESQ	
STREET ADDRESS	8220 NW 168TH STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	VPD D	<input type="checkbox"/> Delete
NAME	DELGADO, OSCAR	
STREET ADDRESS	6001 NW 153RD STREET SUITE E	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	TD D	<input type="checkbox"/> Delete
NAME	VAZQUEZ, JAVIER	
STREET ADDRESS	8291 NW 166TH TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	SD D	<input type="checkbox"/> Delete
NAME	GASTESI, RAUL	
STREET ADDRESS	15600 NW 67TH AVENUE SUITE 308	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8105 NW 155 STREET	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
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 all other like empowered.

SIGNATURE:  DATE **4/11/03**

CR2E037 (10/02)