

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000015717**1. Entity Name
ROYAL BAY GROUP, INC.

Principal Place of Business C/O AGIM REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE SUITE 900 MIAMI 33131 FL	Mailing Address C/O AGIM REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE SUITE 900 MIAMI 33131 FL
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2. Principal Place of Business 1110 BRICKELL AVENUE	3. Mailing Address C/O AGI REGISTERED AGENTS, INC.
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Suite, Apt. #, etc. SUITE 504	Suite, Apt. #, etc. 1200 BRICKELL AVENUE SUITE 900
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33131	Country	Zip 33131	Country
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4. FEI Number ☒ Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentAGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE SUITE 900MIAMI
33131
US**7. Name and Address of New Registered Agent**Name
AGI REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable)
1200 BRICKELL AVENUE

SUITE 900

City
MIAMI
FL
Zip Code
33131

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 **MARIO A. IGLESIAS, PRESIDENT****04/30/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUERRTA MANUEL AJR 1110 BRICKELL AVE., SUITE 504 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASION ANDRES 1110 BRICKELL AVE., SUITE 504 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE SOSA JUAN 1110 BRICKELL AVE., SUITE 504 MIAMI FL 33131 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNE ROBERT F 1110 BRICKELL AVE., SUITE 504 MIAMI FL 33131 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMEDIA FRANK J 1110 BRICKELL AVE., SUITE 504 MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F. THORNE

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)