

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91414 026 \*\*\*150.00

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**DOCUMENT # P00000043342**

1. Entity Name  
**ROYSA HOLDING CORP.**



Principal Place of Business  
C/O SBAS  
~~7777 N DAVID RD EXTENSION SUITE 102B~~  
**HOLLYWOOD FL 33024**

Mailing Address  
C/O SOUTH BROWARD ACCOUNTING SRVC  
1152 N UNIVERSITY DR SUITE 202  
PEMBROKE PINES FL 33024

1. BUSINESS



2. Principal Place of Business  
**1152 N. University Dr**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**202**

City & State  
**Pembroke Pines**

City & State

Zip  
**33024**

Country  
**Florida**

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHEDIAK, MIRTA**  
~~7777 N DAVID ROAD EXT STE 102B~~  
**HOLLYWOOD FL 33024**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1152 N. University Dr**  
**Ste 202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE — PDST  
NAME HIXSON, DAVID  
STREET ADDRESS ~~7777 DAVID RD EXT 102B~~  
CITY-ST-ZIP ~~HOLLYWOOD FL 33314~~

TITLE —  
NAME **1152 N. University Dr #202**  
STREET ADDRESS **Hollywood FL**  
CITY-ST-ZIP **33024**

TITLE —  
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STREET ADDRESS  
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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 607, 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/03** **305-944-7001**

CR2E034 (10/02)