

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045101

1. Entity Name

ROYAL PRESTIGE MAYFLOWER, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90182 025 ***150.00

Principal Place of Business

400 NW 101 TERRACE
PEMBROKE PINES FL 33026

Mailing Address

400 NW 101 TERRACE
PEMBROKE PINES FL 33026

00012576



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1790 W 49th
Suite, Apt. #, etc.
410

3. Mailing Address

PO Box 5788
Suite, Apt. #, etc.

City & State

HALEAH FL

City & State

HALEAH FL

FEI Number

05-1042708

Applied For

Not Applicable

Zip

33012

Country

DADE

Zip

33014

Country

DADE

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

OSPINA, PATRICIA
400 NW 101 TERRACE
PEMBROKE PINES FL 33026

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

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OSPINA, PATRICIA 400 NW 101 TERRACE PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition

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:

Patricia Ospina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/01 (305) 578737
Date Daytime Phone #

CR2E034 (10/00)