

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047003

1. Entity Name

THE ROYAL LIFE & HEALTH INSURANCE COMPANY, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90283 047 ***150.00

Principal Place of Business

299 ALHAMBRA CIRCLE #503
CORAL GABLES FL 33134

Mailing Address

299 ALHAMBRA CIRCLE #503
CORAL GABLES FL 33134

00039704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6161 Blue Lagoon Drive

3. Mailing Address

6161 Blue Lagoon Drive

Suite/Apt. #, etc.

360

Suite/Apt. #, etc.

360

City & State

MIAMI, Florida

City & State

MIAMI, Florida

4. FEI Number

65-1014247

Applied For

Not Applicable

Zip

33126

Country

MIAMI-DADE

Zip

33126

Country

MIAMI-DADE

6. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORTES, FERNANDO D
~~299 ALHAMBRA CIRCLE #503~~
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name CORTES, Fernando D.

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

6161 Blue Lagoon Drive

Suite 360

City

MIAMI

FL

Zip Code

33126

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

3/29/01

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

TITLE D
NAME CORTES, FERNANDO D
STREET ADDRESS 299 ALHAMBRA CIRCLE #503
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE D
NAME CORTES, FERNANDO D
STREET ADDRESS 299 ALHAMBRA CIRCLE #503
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director
NAME CORTES, Fernando D.
STREET ADDRESS 6161 Blue Lagoon Drive #360
CITY-ST-ZIP MIAMI, Florida 33126

☒ Change ☐ Addition

TITLE Director
NAME CORTES, Fernando D. (Dr.)
STREET ADDRESS 6161 Blue Lagoon Drive #360
CITY-ST-ZIP MIAMI, Florida 33126

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)