

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 28 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P00000091992

1. Entity Name

ROVAL FOODS MANUFACTURING CO.



Principal Place of Business

8900 SW 117TH AVENUE SUITE B-205  
MIAMI FL 33186

Mailing Address

C/O AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE, SUITE 900  
MIAMI FL 33131  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1048367

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE  
SUITE 900  
MIAMI FL 33131

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ-CARSTENS, EDUARDO 8900 SW 117TH AVENUE SUITE B-205 MIAMI FL 33186	<input type="checkbox"/> Delete
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700022166237 08/08/03--01038--024 **150.00	
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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 an other like empowered.

SIGNATURE:

*Handwritten Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

305-271-2007

Day

Daytime Phone #

CR2E004 (10/02)



## Division of Corporations

### Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P00000091992**

Tracking Number: **200015859322**

The charge for your UBR is  
**\$150.00**

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

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If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the UBR, press the CONTINUE button below.

By pressing the CONTINUE button, your UBR will be placed in processing and no additional UBRs may be filed for this corporation until this one is processed.

**Continue**

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**Sunbiz Home Page**

**Public Access Help**



## Division of Corporations

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Please hit your browsers' BACK arrow and return to the data entry page to correct this error.

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**Sunbiz Home Page**

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