

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90104 005 ***150.00

DOCUMENT # P00000094211



1. Entity Name
ROYAL MARKETING & PROMOTIONS, INC.

Principal Place of Business
**9500 SOUTH DADELAND BLVD
SUITE 508
MIAMI FL 33156**

Mailing Address
**P.O. BOX 940386
MIAMI FL 33194**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1046972**

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

RODRIGUEZ, RAFAEL F JR CPA

9360 SUNSET DRIVE SUITE 287

MIAMI FL 33173

9500 S DADELAND BLVD.

SUITE 508

MIAMI, FL 33156

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]*
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 **D**
NAME **BLANDON, GARDNER**
STREET ADDRESS **732 NW 129 AVENUE**
CITY-ST-ZIP **MIAMI FL 33182**
☒ Delete

TITLE **S/D**
NAME **JAVIER REYES**
STREET ADDRESS **933 JOROLIA AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE **T/D**
NAME **LAZARO CARBATEL**
STREET ADDRESS **16093 SW 55th TERRACE**
CITY-ST-ZIP **MIAMI, FL 33185**
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE **P/D**
NAME **GARDNER BLANDON**
STREET ADDRESS **8387 SW 148th AVE**
CITY-ST-ZIP **MIAMI, FL 33193**
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/03

Date

305-670 4651

Daytime Phone #

CR2E034 (10/02)