

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 8:00 am**
Secretary of State

04-10-2001 90106 044 ***150.00

0012199

DOCUMENT # P00000111370

1. Entity Name

ROYAL IMPORTS ENT., INC.

Principal Place of Business

**1003 E VINE STREET
KISSIMMEE FL 34744**

Mailing Address

**1003 E VINE STREET
KISSIMMEE FL 34744**

2. Principal Place of Business

1003 E. Vine Street

Suite, Apt. #, etc.

Kissimmee, FL

City & State

Kissimmee, FL 34741

Zip

34741

Country

3. Mailing Address

P.O. Box: 6022

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32793

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3684689

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KHANFAR, MAZEN
1730 WINTERGREEN BLVD
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name

Mazen Khanfar

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

1003 E. Vine Street

City

Kissimmee

FL

Zip Code

34741

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)

4-4-01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	President				
	MAZEN KHANFAR				

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

4-4-01

Date

407-257-7977

Daytime Phone #

CR2E034 (10/00)