

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90326 030 ***150.00

DOCUMENT # P01000004875

1. Entity Name
ROYAL FINANCIAL INVESTMENTS, INC.



Principal Place of Business
**14201 SW 41ST ST.
MIRAMAR FL 33027**

Mailing Address
**14201 SW 41ST ST.
MIRAMAR FL 33027**

11030221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1811266**

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

**MONDESIR, EVENETTE
209 NE 95TH ST.
MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name **EVENETTE MONDESIR, ESQ**
Street Address (P.O. Box Number is Not Acceptable)
10800 BISCAYNE BLVD S-40
City **MIAMI** FL Zip Code **33161**

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

TITLE **PCEO** ☐ Delete
NAME **AGAMA, PAHOUNITOM**
STREET ADDRESS **14201 SW 14ST**
CITY-ST-ZIP **MIRAMAR FL**

TITLE **V** ☐ Delete
NAME **AKOGO, DZIDULA Y**
STREET ADDRESS **24 PORTHLEVEN PLACE FISHERMEAD**
CITY-ST-ZIP **MILTON KEYNES MKG 2AT EN**

TITLE **P** ☐ Delete
NAME **MONDESIR, GINA**
STREET ADDRESS **20235 NW 6TH AVE**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **S** ☐ Delete
NAME **OKOJIE, KENNETH**
STREET ADDRESS **S/C 14201 SW 41 ST**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

4-29-03 954-442-9285