

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90124 045 ***150.00

DOCUMENT # P01000016321

1. Entity Name

ROYAL'S BEACHWEAR, INC.

Principal Place of Business

160 E. COCOA BCH CSWY.
 COCOA BCH FL 32931

Mailing Address

160 E. COCOA BCH CSWY.
 COCOA BCH FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3701472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SACCHITEELA, STEVEN K
 160 E. COCOA BCH CSWY.
 COCOA BCH FL 32931

7. Name and Address of New Registered Agent

Name

STEVEN K. SACCHITELLA

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

25 N ORLANDO AVE

City

COCOA BEACH,

FL

Zip Code

32931

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

1-18-02

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, 2002 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	PVPS	<input checked="" type="checkbox"/> Delete
NAME	SHAH, KHWAJA AZEEM	
STREET ADDRESS	3418 GREENHOUSE PARKWAY	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SHAH, KHWAJA AZEEM	
STREET ADDRESS	3418 GREENHOUSE PARKWAY	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH, KHWAJA AZEEM	
STREET ADDRESS	3418 GREENHOUSE PARKWAY	
CITY-ST-ZIP	ALPHARETTA, GA 30022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STEVEN K. PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SACCHITELLA, STEVEN K.	
STREET ADDRESS	25 N. ORLANDO AVE.	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-02

(321) 784-3880

011767 AV

CR2E034 (9/01)