

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

03-04-2002 90008 003 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017734

1. Entity Name

ROYALTY OF AMERICA, INC.

Principal Place of Business

2832 W 72 TERR  
HIALEAH FL 33018

Mailing Address

2832 W 72 TERR  
HIALEAH FL 33018

2. Principal Place of Business

11117 W. Okeechobee Rd.

3. Mailing Address

11117 W. Okeechobee Rd.

Suite, Apt., etc.

Suite 103

Suite, Apt., etc.

Suite 103

City & State

Hialeah Gardens, FL

City & State

Hialeah Gardens, FL 33018

4. FEI Number

65-1075652

Applied For

Not Applicable

Zip

33018

Country

U.S.A

Zip

33018

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, HERNANDO  
2832 W 72 TERR  
HIALEAH FL 33018

7. Name and Address of New Registered Agent

Name: Same  
Street Address (P.O. Box Number is Not Acceptable)  
11117 W. Okeechobee Rd  
Suite 103  
City: Hialeah Gardens FL Zip Code 33018

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

2/06/02

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 PD  
NAME PEREZ, HERNANDO  
STREET ADDRESS 2832 W 72 TERR  
CITY-ST-ZIP HIALEAH FL 33018 ☐ Delete

TITLE VD  
NAME FERREIRO, MADELIN  
STREET ADDRESS 2832 W 72 TERR  
CITY-ST-ZIP HIALEAH FL 33018 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

2/6/02  
Date

305-821-1717  
Daytime Phone #

CR2E034 (9/01)