

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90051 040 \*\*\*150.00

DOCUMENT # **PO1000077142** ✓  
1. Entity Name  
**ROYAL BAY REAL ESTATE GROUP, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**PO BOX 145186**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 145186**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**CORAL GABLES FL**  
Zip  
**33114** Country

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**CORAL GABLES**  
Zip  
**33114** Country

4. FEI Number  
**65-1134868**  
Applied For  
☐ Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**VALDES, REINALDO M**  
Street Address (P.O. Box Number is Not Acceptable)  
**PO BOX 145186**  
City  
**CORAL GABLES FL** Zip Code  
**33114**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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
	PD	VALDES, REINALDO M	PO BOX 145186 CORAL GABLES FL 33114

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034B (12/01)