## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 24, 2002 8:00 am Secretary of State P01000087331 DOCUMENT # 1. Entity Name ROYAL PALM ENTERPRISES USA, INC. 05-24-2002 90558 030 \*\*\*150.00 Principal Place of Business Mailing Address 12714 NW 18TH CT 12714 NW 18TH CT 433071 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address P.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-1139914 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33075 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition KANTOR TREFFREY KANTOR, JEFFREY NAME 12714 NW 18TH CT 1024 AZA/EA STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33071** CITY-ST-ZIP CITY-ST-ZIP TITLE Ď ☐ Delete TITLE ☐ Change ☐ Addition KANTOR, SCOTT NAME 12714 NW 18TH CT STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33071** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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

SIGNATURE:

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**FILED**