

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90041 029 \*\*\*150.00

**DOCUMENT # P01000108803**

1. Entity Name  
**ROYAL FOOD & BEVERAGE INC.**

Principal Place of Business  
**433 PLAZA REAL, #275**  
**BOCA RATON FL 33432**

Mailing Address  
**433 PLAZA REAL, #275**  
**BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1933 W. COPANS RD.**  
 Suite, Apt. #, etc.  
**SUITE 1933**

3. Mailing Address  
**1933 W. COPANS RD.**  
 Suite, Apt. #, etc.  
**SUITE 1933**

City & State  
**POMPANO BEACH, FL.**  
 Zip  
**33064**  
 Country  
**USA**

City & State  
**POMPANO BEACH, FL.**  
 Zip  
**33064**  
 Country  
**USA**

4. FEI Number  
**36-4482010**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**MIRKIN, MARK H**  
**C/O MIRKIN & WOLF, P.A.**  
**1700 PALM BEACH LAKES BLVD., #580**  
**WEST PALM BEACH FL 33401**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARABEDIAN, ALEXANDER C</b>	
STREET ADDRESS	<b>7485 S.W. 157TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEINER, MELVIN</b>	
STREET ADDRESS	<b>433 PLAZA REAL, #275</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARKS, DARREN M</b>	
STREET ADDRESS	<b>433 PLAZA REAL, #275</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEINER, MELVIN</b>	
STREET ADDRESS	<b>7841 NW 23RD ST.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARKS, DARREN M.</b>	
STREET ADDRESS	<b>2200 BAY DR.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RALPH SABELLA</b>	
STREET ADDRESS	<b>1219 12TH LANE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/9/02 (954) 970-0096**  
 Date Daytime Phone #

0375487 AV

CR2E034 (9/01)