

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91755 031 \*\*\*150.00

DOCUMENT # P01000120490

1. Entity Name  
ROYCE DIRECT, INC.

**DO NOT WRITE IN THIS SPACE**

## 2. Principal Place of Business

4330 NW 19TH AVE  
Suite, Apt. #, etc.

BLD #5

City &amp; State

POMPANO BCH, FL

Zip

33064

Country

## 3. Mailing Address

4330 NW 19TH AVE

Suite, Apt. #, etc.

BLD #5

City &amp; State

POMPANO BCH, FL

Zip

33064

Country

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## 4. FEI Number

EIN 02-0558908

☒

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

## 7. Name and Address of Current Registered Agent

Name

GREENWALD, ANNETTE

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

4330 NW 19TH AVE

BLD #5

City

POMPANO BCH

FL

Zip Code

33064

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 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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$350.00  
Amended UBR is \$81.25  
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 D  
NAME GREENWALD, ANNETTE  
STREET ADDRESS 4330 NW 19TH AVE BLD #5  
CITY-ST-ZIP POMPANO BCH FL 33064

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**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)(f), 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 #