

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90169 031 \*\*\*150.00

**DOCUMENT # P02000046796**

**1. Entity Name**  
**ROYALTON HOMES, INC.**



**Principal Place of Business**  
16935 SW 84 COURT  
MIAMI FL 33157

**Mailing Address**  
16935 SW 84 COURT  
MIAMI FL 33157

33041000



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

74-3038757

**Applied For**

☐ Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

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

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

POZO, MARIA G  
16935 SW 84 COURT  
MIAMI FL 33157

**Name**

Street Address (P.O. Box Number 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and state if applicable.

Nicolas Massimini

04-16-03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PSTD	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	FULGUEIRA, JOSE L	
<b>STREET ADDRESS</b>	16935 SW 84 COURT	
<b>CITY-ST-ZIP</b>	MIAMI FL 33157	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 11)**

<b>TITLE</b>	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Fulgueira, Jose	
<b>STREET ADDRESS</b>	16935 SW 84 Ct	
<b>CITY-ST-ZIP</b>	Miami, FL 33157	
<b>TITLE</b>	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Nicolas Massimini	
<b>STREET ADDRESS</b>	20281 E County Club Drive, PH 15, NMB 33180	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Pozo, Maria G.	
<b>STREET ADDRESS</b>	16935 SW 84 Ct	
<b>CITY-ST-ZIP</b>	Miami, FL 33157	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

Date

Daytime Phone #

CR2E034 (10/02)