

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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91014 005 ***158.75

DOCUMENT # P0200086419

1. Entity Name

ROYAL PRESTIGE D'CLASS. CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13544 NW 9ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 824311

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

4. FEI Number

51-042-4924

Applied For

Not Applicable

Zip

33028

Country

USA

Zip

33082

Country

USA

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

CARLO BORNACHERA

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

13544 NW 9ST

City

PEMBROKE PINES

FL

Zip Code

33028

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-20-04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. CARLO BORNACHERA
13544 NW 9ST
PEMBROKE PINES FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CARLO BORNACHERA
13544 NW 9ST
PEMBROKE PINES FL 33028

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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-04

Date

954-6083134

Daytime Phone #

CR2E034B (12/02)