

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90056 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000088548

1. Entity Name
ROYAL FLORIDA REALTY, INC.



Principal Place of Business
1918 HARRISON ST.
SUITE 205
HOLLYWOOD, FL 33020

Mailing Address
1918 HARRISON ST.
SUITE 205
HOLLYWOOD, FL 33020

2. Principal Place of Business

1001 N. Federal Hwy
Suite, Apt. #, etc.
Suite 365

3. Mailing Address

1001 N. Federal Hwy.
Suite, Apt. #, etc.
Suite 365

City & State

Hallandale, FL

City & State

Hallandale, FL

Zip

33009-

Country

Broward

Zip

33009-

Country

Broward



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

76-0708912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALLEE, DANY
1918 HARRISON ST
SUITE 205
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name
Vallee, Dany

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

1001 N. Federal Hwy.

Suite 365

City
Hallandale

FL

Zip Code

33009

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 resigning)

DATE

4/4/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VALLEE, DANY
1918 HARRISON ST., SUITE 205
HOLLYWOOD, FL 33020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
VALLEE, REJEAN
1918 HARRISON ST., SUITE 205
HOLLYWOOD, FL 33020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
VALLEE, NICOLE
1918 HARRISON ST., SUITE 205
HOLLYWOOD, FL 33020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Vallee, Dany
1001 N. Federal Hwy., Suite 365
Hallandale, FL 33009

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Vallee, Rejean
1001 N. Federal Hwy., Suite 365
Hallandale, FL 33009

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Vallee, Nicole
1001 N. Federal Hwy., Suite 365
Hallandale, FL 33009

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 (954)921-6277

Daytime Phone #

CR2E034 (10/02)