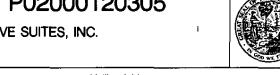
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000120305 DOCUMENT # 1. Entity Name

ROYAL PLAZA EXECUTIVE SUITES, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90078 026 ***150.00

Principal Place of Business 6289 W. SUNRISE BLVD. STE 144 / 2 P SUNRISE FL 33313				Mailing Address 6289 W. SUNRISE BLVD. STE MT / 20 SUNRISE FL 33313									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				. FE/Num	ber			<u> </u>	oplied For
Zip	ip Country			Zip Cour			try 5. Certificate			Status Desired Status Desired Fee Required			
6. Name and Address of Current Re				egistered Agent			7. Name and Address of New Registered Agent						
Gardner 6289 W. S Sunrise I	UNRISE BLV	/D. STE 144/2	o			Name Street A	ddress (P.O.	Box Num	per is Not Ad	cceptable)			
SOMMOL 1 L SOSTO						City	у				FL Zip Code		
the obligati	ions of registe	submits this statemer red agent. printed name of registered ag					registered a		oth, in the Si	tate of Florida	DATE	ımiliar with,	and accept
After	May 1, 2003	FEE IS \$150.00 Fee will be \$550.0 Florida Departmen	t of State	DC .	11.	- <u> </u>		7	rust Fund Co	paign Financontribution.		Added	May Be I to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OFFICERS A	ND DIRECTO	□ Delete	TITLE NAME	T ADDRESS ST-ZIP	- · · ·	1.00 - 7		unpic			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			<u> </u>	•		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷.	್ಕ-೨ ಇಕ್ ಎ	* *	- Delete	NAME	TADDRESS	16. # 1	14 1	-		•	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		***		☐ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP		<u> </u>				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Oelete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP		_				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS 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 fruster 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: