

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-28-2003 91318 024 ***150.00

DOCUMENT # P02000131249 ✓

1. Entity Name
ROYAL TREASURES INC.



Principal Place of Business
2124 N.E. 123 STREET
SUITE 203
MIAMI FL 33101

Mailing Address
2124 N.E. 123 STREET
SUITE 203
MIAMI FL 33101

55040614

2. Principal Place of Business
SAME

3. Mailing Address
2850 N.E. 14 STREET
Suite, Apt. #, etc.
109B

City & State
Pompano Bch, FL

Zip 33062 **Country** USA

4. FEI Number 81-0585668 **Applied For** ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
GIVEN, GAIL
2124 N.E. 123 ST
203
MIAMI FL 33101

7. Name and Address of New Registered Agent
Name: ANABELL GREGORY
Street Address (P.O. Box Number is Not Acceptable): 2850 N.E. 14 ST. # 109B
City: Pompano Bch FL Zip Code: 33062

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 AnaBell Gregory **DATE** 4/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREGORY, Anabel 2850 NE 14 ST #109B Pompano Bch FL 33062	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREGORY, William H 2850 NE 14 ST #109B Pompano Bch FL	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VICE PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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: AnaBell Gregory **DATE** 04-25-03 (954) 9460980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/02)