

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 10, 2000 8:00 am
Secretary of State

03-07-2000 90079 050 ***158.75

DOCUMENT # P93000045035

1. Entity Name

ROY & BEN CORPORATION

Principal Place of Business

4391 COLONIAL BLVD
UNIT 7
FT MYERS FL 33912
US

Mailing Address

4391 COLONIAL BLVD
UNIT 7
FT MYERS FL 33912-1055
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0479433**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~DALLAS, EDWARD JR.
17274 SAN CARLOS BLVD.
SUITE 202
FORT MYERS BEACH FL 33931~~

7. Name and Address of New Registered Agent

Name **Ariel Shachaf**

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

4391 Colonial Blvd.

City

FT. MYERS

FL

Zip Code

33912

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.

SIGNATURE **Ariel Shachaf - President** *Ariel Shachaf*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/3/00
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHACHAF, ARIEL	
STREET ADDRESS	13131 WHITEHAVEN LANE, UNIT 184	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHACHAF, VICKY	
STREET ADDRESS	13131 WHITE HAVEN UNIT 184	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Ariel Shachaf - President** *Ariel Shachaf* **3/3/00** **941-936-8222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)