## 2000 UNIFORM BUSINESS REPORT (UBR)

RICHARD

SIGNATURE:

OSETE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P93000085657 Mar 01, 2000 8:00 am **Secretary of State** THE ROYAL HOUSE CORPORATION 03-01-2000 90098 004 \*\*\*150.00 Mailing Address Principal Place of Business 13121 S.W. 122ND AVE. 13121 S.W. 122ND AVE. MIAMI FL 33186-6231 MIAMI FL 33186 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0469067 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent USETE, MARCOS **OSETE, MARCOS** Street Address (P.O. Box Number is Not Acceptable) 14431 SW 111 ST **MIAMI FL 33186** AVENUE 13/21 5.W. 122 NO. Zip Code 33/86 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. IARCOS OSETE SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD ☐ Delete TITLE. OSETE, RICHARD NAME NAME 14431 SW 111 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Addition SD Change TITLE □ Delete TITLE OSETE, MARCOS NAME NAME STREET ADDRESS 14431 SW 111 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33186** Change Addition ☐ Delete TITLE TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FEB. 22-2000