

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90219 013 ***150.00

DOCUMENT # P93000086004

1. Entity Name

ROYAL ASSETS, INC.

Principal Place of Business

Mailing Address

~~400 SE 15TH TER.~~
~~DEERFIELD FL 33441~~
~~US~~

1203
HILLSBORO
MILE
POMPANO BEACH FL 33062

C/O ACCOUNTING & BUSINESS CONSULTANTS
 17 ROSE DRIVE
 FT LAUDERDALE FL 33316
 US

2. Principal Place of Business

1203 HILLSBORO MILE

3. Mailing Address

SAM

Suite, Apt. #, etc.

9-A

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

4. FEI Number

65-0455157

Applied For

Not Applicable

Zip

33062

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUER, JOHN

~~400 SE 15TH TER~~

~~DEERFIELD BEACH FL 33441~~

Name

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

1203 HILLSBORO MILE

9-A

City **POMPANO BEACH**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **BAUER, JOHN W**
 STREET ADDRESS **1203 HILLSBORO MILE**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **VP** ☐ Delete
 NAME **BAUER, JANET**
 STREET ADDRESS **1203 HILLSBORO MILE**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1203 HILLSBORO MILE 9-A**
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1203 HILLSBORO MILE 9-A**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)