

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90236 021 ***158.75

DOCUMENT # P94000017080

1. Entity Name
SOLUTIONS-ROYAL, INC.

Principal Place of Business Mailing Address
~~757 ARTHUR GODFREY RD~~ ~~757 ARTHUR GODFREY RD~~
1108 Kane Concourse, Suite 307 **1108 Kane Concourse, Suite 307**
Bay Harbor Islands, FL 33154 **Bay Harbor Islands, FL 33154**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0492413** Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HAIMAN, BARRY G
757 ARTHUR GODFREY RD
MB FL 33140
1108 Kane Concourse, Suite 307
Bay Harbor Islands, FL 33154

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAIMAN, BARRY		NAME	GORDON, ALAN	
STREET ADDRESS	9801 COLLINS AVE		STREET ADDRESS	1997 SPOONBILL STREET	
CITY-ST-ZIP	BAL HARBOUR FL 33154		CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32224	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARASCH, STUART		NAME	HARRISON, BETSY	
STREET ADDRESS	253 W 47 STREET		STREET ADDRESS	34 PATTON DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, LUVERNE		NAME		
STREET ADDRESS	1 SE 3RD AVE 20TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUBERT, GLENDA		NAME		
STREET ADDRESS	COLONIAL BANK 1200 BRICKELL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCNABB, ROBERT F		NAME		
STREET ADDRESS	9500 SW 184 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYER, CARL		NAME	MAYES, CARL	
STREET ADDRESS	6602 NW 3RD STREET		STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		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]* **REQUIRED** **3-30-02 305-865-4555**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)