## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR) P94000066346 **DOCUMENT #** 1. Entity Name



## FILED Mar 07, 2003 8:00 am Secretary of State

CAMPANO, GASTON 2594 W-94-ST / C.5 O.J. N.W. B 4 <sup>th</sup> AUE HIALEAH FL 33016	ROYAL	BUILDERS, INC.				03-07-2003 90104 017 ***150.00				
Suite, Apt. #, etc.    CHECK HERE IF MAXING CHANGES	16501 NW 8 MIAMI LAKE	84TH AVENUE	16501 NW 84TH AVENUE MIAMI LAKES FL 33016				? 1 <b>46</b> 21 <b>48</b> 0 128 38311 82012 88711 887	)	<b>e</b> nn <b>e a</b> nn <b>eo</b> non	1) <b>1) 1) 1) 1</b>
City & State  Country  Coun	2. Principal	Place of Business	3. Mailing Address							
CAMPANO, GASTON  2594 W 84 ST  FEL NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  THE  MAME  GASTON, CAMPANO  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS  THE  MAME  GASTON, CAMPANO  OFFICERS AND DIRECTORS  THE  MAME  GASTON, CAMPANO  OFFICERS AND DIRECTORS  THE  MAME  CASTON, CAMPANO  OFFICERS AND DIRECTORS  THE  MAME  CHY STREET ADDRESS  CHY-S1-2P  THE  MAME  Delete  THE  MAME  THE  THE  THE  THE  THE  THE  THE  T	Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Stock   State   Stat	City & Sta	ate	City & State			4.	4 FEI Number			
6. Name and Address of Current Registered Agent  CAMPANO, GASTON 2594 W 94 ST	Zip	Country	Zip	Cour	ntry	5.			\$8.75 AC	
CAMPANO, GASTON 2594 W 94-ST HALEAH FL 33016  A 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 the obligations of registered agent and see a applicable.  SIGNATURE    Signature, typed or printed name of registered agent and see a applicable.   (ANDTE: Registered Agent signature required when releasing)   DATE		6. Name and Address of Curren	I Registered Agent		·					ed
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code			Trogistorou rigerit		Name		Name and Address of New He	gistered A	gent	···
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 state of Florida plants with, and submits with a purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and submits of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00 After May 1, 2023 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  GASTON, CAMPANO STREET ADDRESS CITY-ST-ZIP  TITLE  GASTON, CAMPANO STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZI					Street Addre	ess (P.O.	Box Number is Not Acceptable)			
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 the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when reinstating)   PI			•		City		· · · · · · · · · · · · · · · · · · ·		Zin Cor	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME GASTON, CAMPANO 2594 W 84 ST CITY-ST-ZIP 11ILE NAME STREET ADDRESS CITY-ST-ZIP 11ILE NAME NAME STREET ADDRESS CITY-ST-ZIP 11ILE NAME NAME NAME NAME NAME NAME NAME NAM	ind obliga	ations of registered agent.				_			amiliar with,	, and accept
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE  NAME  GASTON, CAMPANO  2594 W 84 ST  HIALEAH FL 33016  11ILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	.F	FILE NOW!!! FEE IS \$150.00			<del></del>	-			<del></del>	
TITLE PT GASTON, CAMPANO STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME	Afte	er May 1, 2003 Fee will be \$550.00	of State				,	_	<b>\$5.0</b> Adde	00 May Be d to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	10.	OFFICERS AND	DIRECTORS	11.		AI	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	PC [N] 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	GASTON, CAMPANO 2594 W 84 ST	□ Delete	TITLE NAM STRE	E ET ADDRESS		<u> </u>			Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME  TITLE NAME NAME  TITLE NAME  TITLE NAME  TITLE NAME	NAME Street address		☐ Delete	NAME STREE	E ET ADDRESS		<u>-</u>		Change	☐ Addition
NAME Change STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS				Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	NAME Street address		☐ Delete	NAME STREE	ET ADDRESS				Change	Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME Change Change	name Street address		☐ Delete	NAME STREE	T ADDRESS				Change	☐ Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP  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.   further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.   further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.   further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.   further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.   further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.   further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.   further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.   further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.   further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.   further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.   further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.   further certify the certification supplied with the information supplie	NAME STREET ADDRESS CITY-ST-ZIP	Pertify that the information are also a second		NAME STREE CITY-S	T ADDRESS ST-ZIP				-	Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARCH 3/03 (305) 698-7834