

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90440 027 ***150.00

DOCUMENT # P94000074362

1. Entity Name

THE ROYAL COMPANY FOR LIFE & HEALTH INSURANCE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6161 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 360

City & State

Miami, Florida

Zip

33126

Country

Dade

3. Mailing Address

6161 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 360

City & State

Miami, Florida

Zip

33126

Country

Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0551158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Cortes, Fernando SR.

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

6161 Blue Lagoon Drive

Suite 360

City

Miami

FL

Zip Code

33126

**DO NOT WRITE
IN THIS SPACE**

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 **Fernando Cortes SR.**

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

(NOTE: Registered Agent signature required when reinstating)

04/01/02

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCEO
Cortes, Fernando SR.
6161 Blue Lagoon Drive, #360
Miami, Florida 33126**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
Cortes, Fernando JR.
6161 Blue Lagoon Drive, #360
Miami, Florida 33126**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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CR2E034B (12/01)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/02

Date

(305) 266-6500

Daytime Phone #