

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027877

1. Entity Name

ROYAL PALM KITCHENS, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90041 007 ***150.00

Principal Place of Business

Mailing Address

163 CLEARY RD.
STE C5
WEST PALM BEACH FL 33413
US

163 CLEARY RD.
STE C5
WEST PALM BEACH FL 33413-1645
US

2. Principal Place of Business

3. Mailing Address

163 CLEARY RD

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE B6

City & State
West Palm Bch FL

City & State

Zip
33413

Country
Palm Bch

Zip

Country

4. FEI Number 65-0573094

Applied For

Not Applied For

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

TRIANA, ARMANDO
163 CLEARY RD. STE C5
WEST PALM BEACH FL 33413

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

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TRIANA, ARMANDO
173 CLEARY ROAD SUITE D-1
WEST PALM BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CABRERA, ROBERTO
173 CLEARY ROAD SUITE D-1
WEST PALM BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
VALDEZ, LAZARO
173 CLEARY ROAD
WEST PALM BEACH FL ☐ Delete

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

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

SIGNATURE:

Armando Triana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000 561-683-9498
Date Daytime Phone #