

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90042 034 \*\*\*158.75

DOCUMENT # P95000027877

1. Entity Name

ROYAL PALM KITCHENS, INC.

Principal Place of Business

165 CLEARY RD  
STE B6  
WEST PALM BEACH FL 33413  
US

Mailing Address

165 CLEARY RD  
STE B6  
WEST PALM BEACH FL 33413  
US

944167



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

173 CLEARY RD

3. Mailing Address

173 CLEARY RD

Suite, Apt. #, etc.

STE D-2

Suite, Apt. #, etc.

STE D-2

City & State

W.P.B FL

City & State

W.P.B FL

4. FEI Number

65-0573094

Applied For

Not Applicable

Zip

33413

Country

US

Zip

33413

Country

US

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

ARMANDO TRIANA

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

173 CLEARY RD STE D-2

City

West Palm Bch FL 33413

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE TREZURY  
NAME CARLOS MOREL  
STREET ADDRESS 173 CLEARY RD ST D2  
CITY-ST-ZIP W.P.B FL 33413 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

ARMANDO TRIANA

4/14/01

561-683-9498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)