

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063718

1. Entity Name

ROYAL CARE SERVICE CORP.

FILED

Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90128 043 ***150.00

Principal Place of Business

6001 NW 153 ST
#G
MIAMI LAKES FL 33014

Mailing Address

6001 NW 153 ST
#G
MIAMI LAKES FL 33014-2419

2. Principal Place of Business

6801 NW 77 ave

Suite, Apt. #, etc.

310-B

City & State

MIAMI FL

Zip

33166

Country

USA

3. Mailing Address

6801 NW 77 ave

Suite, Apt. #, etc.

310-B

City & State

MIAMI FL

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0602104

Applied For

Not Applicable

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

CASTILLO, FRADYS

6001 NW 153 ST

#G

MIAMI LAKES FL 33014

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	PST	<input type="checkbox"/> Delete
NAME	CASTILLO, FRADYS	
STREET ADDRESS	11612 NW 58 AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

305-546-5634

Date

Daytime Phone #

CR2E034 (9/99)