

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080631

1. Entity Name

ROYAL PALM ESTATE BUILDERS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90068 045 \*\*\*150.00

Principal Place of Business

1355 W. PALMETTO PARK ROAD, SUITE 263  
BOCA RATON FL 33486

Mailing Address

1355 W. PALMETTO PARK ROAD, SUITE 263  
BOCA RATON FL 33486-3303

2. Principal Place of Business

1005 NW 5th Street

3. Mailing Address

1355 W. Palmetto Park Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#263

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0629205

Applied For

Not Applicable

Zip  
33486

Country  
USA

Zip

33486-3383

Country  
USA

5. Certificate of Status Desired ☐ ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOOD, SYLVIA  
1355 W. PALMETTO PARK ROAD, SUITE 263  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

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

1005 NW 5th Street

City  
Boca Raton

FL

Zip Code  
33486

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

TITLE PD ☐ Delete  
NAME HOOD, WENFORD L  
STREET ADDRESS 1005 NW 5TH ST  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE VD ☐ Delete  
NAME HOOD, SYLVIA  
STREET ADDRESS 1005 NW 5TH ST  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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)(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:

*Wenford Hood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-1809 561-368-5054  
Daytime Phone #

CR2E034 (9/99)