## 2001 UNIFORM BUSINESS REPORT-(UBR)

## Mar 08, 2001 8:00 am Secretary of State DOCUMENT # P96000010347 ROYALE EAGLE ENTERPRISES. INC. 03-08-2001 90075 012 \*\*\*150.00 Principal Place of Business Mailing Address 313 LA GORCE DRIVE 5313 LA GORCE DRIVE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 L0031851 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0654932 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 0 Fee Required 7...Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent FREEDLINE, YALE ---Street Address (P.O. Box Number is Not Acceptable) 5313 LA GORCE DRIVE MIAMI BEACH FL 33140 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition PSTD ☐ Delete TITLE FREEDLINE, YALE NAME 5313 LA GORCE DRIVE STREET ADORESS STREET ADORESS CITY.ST.7P CITY-ST-ZIP MIAMI BEACH FL 33140 Change ☐ Addition TITI F Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Dèleté TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Deleta TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additfon Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attach REEDLINE 2/10/01 (305) 861-1481

**FILED**