

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000063368

1. Entity Name
ROYAL PRESTIGE MIAMI SUNRISE, INC.

Principal Place of Business
1620 S.W. 4TH STREET., STE 2
MIAMI FL 33135 US

Mailing Address
PO BOX 35- 1346
MIAMI FL 33135 US

2. Principal Place of Business
1640 S.W. 4TH STREET.,
Suite, Apt. #, etc.
STE 5

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip Country
33135 US

Zip Country

4. FEI Number
65-0683994

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GARCIA ANA R
1620 S.W. 4TH STREET., STE 2
MIAMI FL 33135 US

7. Name and Address of New Registered Agent
Name
GARCIA ANA R
Street Address (P.O. Box Number is Not Acceptable)
1640 S.W. 4TH STREET.,
STE. 5
City MIAMI FL Zip Code 33135

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 ANA R. GARCIA

04/25/2001

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

TITLE	PD	☐ Delete
NAME	GARCIA ANA R	
STREET ADDRESS	1620 S.W. 4TH STREET., STE 2	
CITY-ST-ZIP	MIAMI FL 33135	
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	PD	☒ Change	☐ Addition
NAME	GARCIA ANA R		
STREET ADDRESS	1640 S.W. 4TH STREET., STE 5		
CITY-ST-ZIP	MIAMI FL 33135		
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			
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: Ana R. Garcia

PD

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)