

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 24, 2000 8:00 am  
Secretary of State  
03-24-2000 90066 038 \*\*\*150.00

DOCUMENT # P96000065157  
Entity Name  
ROYCON HOLDINGS, INC.

Principal Place of Business  
2801 NW 55TH COURT  
BUILDING 6-E  
FORT LAUDERDALE FL 33309

Mailing Address  
2801 NW 55TH COURT  
BUILDING 6-E  
FORT LAUDERDALE FL 33309-2501

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country  
Country

4. FEI Number 65-0701909  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MOYLE, BERNARD T ESQ.  
ONE FINANCIAL PLAZA  
SUITE 1600  
FORT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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 |                                 |                                   |
|----------------------------|-------------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| DELETE                     | NAME                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| ME                         | COOPER, JIMMIE ROY            |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 2801 NW 55TH COURT , BLDG 6-E |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | FORT LAUDERDALE FL 33309      |                                 | CITY-ST-ZIP   |                                 |                                   |
| DELETE                     | NAME                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| ME                         | COOPER, CONSTANCE L           |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 2801 NW 55TH COURT , BLDG 6-E |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | FORT LAUDERDALE FL 33309      |                                 | CITY-ST-ZIP   |                                 |                                   |
| DELETE                     | NAME                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| ME                         |                               |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                               |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                               |                                 | CITY-ST-ZIP   |                                 |                                   |
| DELETE                     | NAME                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| ME                         |                               |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                               |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                               |                                 | CITY-ST-ZIP   |                                 |                                   |
| DELETE                     | NAME                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| ME                         |                               |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                               |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                               |                                 | CITY-ST-ZIP   |                                 |                                   |

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: Constance L. Cooper 3/20/00 (954) 731-1004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)