

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90033 050 ***150.00

DOCUMENT # **P96000078719**
1. Entity Name
Royal Vacations, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7698 Solimar Circle
Suite, Apt. #, etc.
City & State
Boca Raton Fla
Zip
33433 Country
U.S.A.

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

DO NOT WRITE IN THIS SPACE

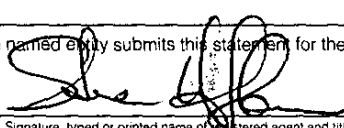
4. FEI Number
65-0700399 Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent
Name **Steven Hoffman**
Street Address (P.O. Box Number is Not Acceptable)
7698 Solimar Circle
City **Boca Raton** State **FL** Zip Code **33433**

DO NOT WRITE IN THIS SPACE

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  DATE **6/30/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

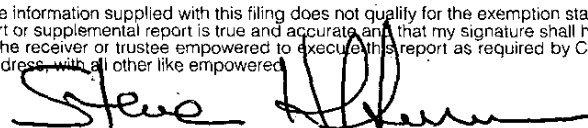
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hoffman, Steven 7698 Solimar Circle Boca Raton, Fla. 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **6/30/03** **561-417-0202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)