FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: -

Jul 20, 2001 8:00 am P97000044030 DOCUMENT # **Secretary of State** 1. Entity Name ROYCE INDUSTRIES, INC. 07-20-2001 90003 021 ***558.75 Principal Place of Business Mailing Address 2234 N. FEDERAL HIGHWAY 2234 N. FEDERAL HIGHWAY SUITE 474 SUITE 474 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -City & State -City & State Applied For 4. FEI Number 65-0762223 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRESPO, MARIO Street Address (P.O. Box Number is Not Acceptable) 2234 N. FEDERAL HIGHWAY **SUITE 474 BOCA RATON FL 33431** 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 .10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001-Fee will be \$750.00 (See criteria on back) Make Check Payable to Department of State AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE CR2E034 (5/01 TITLE Delete ADAMS, FIONA NAME NAME 20 S E 14TH STREET STREET ADDRESS STREET ADORESS BOCA RATON_EL-33432 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP" CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change . Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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