

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

06-09-2003 90116 024 ***150.00
P97000046205

FILED

03 JUN 26 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000046205	
1. Entity Name ✓ Royal Palm Marine Coverings, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13301 Biscayne Blvd. Suite, Apt. #, etc.	3. Mailing Address 2775 NE 164 ST Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0755919	Applied For Not Applicable
Zip 33181	Country United States	Zip 33160	Country

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Alberto Federico Olivera	
	Street Address (P.O. Box Number is Not Acceptable) 2775 NE 164 ST	
	City N. Miami Beach	Zip Code FL 33160

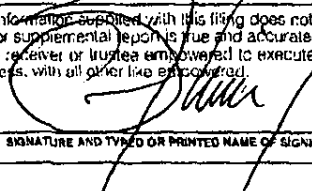
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and also filer acceptable) (NOTE: Registered Agent signature required when renouncing)

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD Alberto Federico Olivera 2775 NE 164 ST Miami, FL 33160	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSB Christian D. A. Olivera 2775 NE 164 ST Miami, FL 33160	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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12. 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 10 or on an attachment with an address, with all other like information.

SIGNATURE:  Alberto Federico Olivera 05-29-03 305-949-8586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deline Phone #

CR2E0348 (12/02)