

FILED
May 21, 2007 8:00 am
Secretary of State

04-26-2007 90237 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # PA7000059979
1. Entity Name VILLA ROYAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 162 Alcazar Street		3. Mailing Address Suite, Apt. #, etc.	
City & State Royal Palm Beach, FL		City & State	
Zip 33411	Country	Zip	Country

66015913
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0790372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Vincent Mazzola, Jr.
Street Address (P.O. Box Number is Not Acceptable) 162 ALCAZAR street
City Royal Palm Beach FL
Zip Code 33411

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

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Vincent Mazzola, Jr 162 Alcazar Street Royal Palm Beach, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Maria Mazzola 162 Alcazar Street Royal Palm Beach, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vincent Mazzola III 162 Alcazar Street Royal Palm Beach, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: Vincent Mazzola VINCENT MAZZOLA JR 4-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
(561) 748-2270