

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063793

1. Entity Name

ROYAL AIRLINE LINEN OF FLORIDA, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90021 021 ***150.00

Principal Place of Business

Mailing Address

4020 NW 24TH ST
~~901 MESSINA DRIVE~~
MIAMI FL 33142
US

4020 NW 24TH ST
~~901 MESSINA DRIVE~~
MIAMI FL 33142-6716
US

2. Principal Place of Business

4020 N.W. 24th ST

3. Mailing Address

4020 N.W. 24th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0768422

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33142

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANNER, SIEGRIED
4020 NW 24TH ST
MIAMI FL 33142

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
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

TITLE	ST	☐ Delete
NAME	MAGIDOW, NORMAN	
STREET ADDRESS	4020 NW 24TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	V	☐ Delete
NAME	NILES, JAMES R	
STREET ADDRESS	4020 NW 24TH ST	
CITY-ST-ZIP	MIAMI FL 33950	
TITLE	P	☐ Delete
NAME	DANNER, SIEGFRIED	
STREET ADDRESS	4020 NW 24TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/00 (305) 271-4451
Date Daytime Phone #

CR2E034 (9/99)