

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90062 014 ***150.00

DOCUMENT # P97000063793

1. Entity Name
ROYAL AIRLINE LINEN OF FLORIDA, INC.

Principal Place of Business

**4020 NW 24TH ST
MIAMI FL 33142
US**

Mailing Address

**4020 NW 24TH ST
MIAMI FL 33142
US**

2. Principal Place of Business

7920 NW 76TH AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MEDLEY FL

Zip
33166

Country

City & State

Zip

Country

4. FEI Number

65-0768422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DANNER, SIEGRIED
4020 NW 24TH ST
MIAMI FL 33142**

7. Name and Address of New Registered Agent

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, 2002 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

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 33142	
TITLE	P	☐ Delete
NAME	DANNER, SIEGRIED	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	7920 NW 76TH AVE
CITY-ST-ZIP	MEDLEY FL 33166
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	7920 NW 76TH AVE
CITY-ST-ZIP	MEDLEY FL 33166
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	7920 NW 76TH AVE
CITY-ST-ZIP	MEDLEY FL 33166
TITLE	☐ Change ☐ Addition
NAME	
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

Date

Daytime Phone #

CR2E034 (9/01)