

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000071205**

1. Entity Name

ROYAL PROPERTY DEVELOPMENT CORP.**FILED****Mar 15, 2001 8:00 am**
Secretary of State

03-15-2001 90011 029 ***150.00

Principal Place of Business

**321 SOUTHEAST 15 AVENUE
FORT LAUDERDALE FL 33301**

Mailing Address

**321 SOUTHEAST 15 AVENUE
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

527 Royal Plaza Drive

Suite, Apt. #, etc.

3. Mailing Address

341 Royal Plaza Dr

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

Zip

33301

Country

Zip

33301

Country

4. FEI Number **65-0809131**

Applied For

Not Applicable

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****MURRAY, DAVID G ESQ****321 SOUTHEAST 15 AVENUE
FORT LAUDERDALE FL 33301**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10 MARCH 20019. 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, 2001 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 **P** ☐ Delete
NAME **CHILLINGWORTH, JOHN FRANCIS**
STREET ADDRESS **424 CORAL WY**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**TITLE ☐ Change ☐ Addition
NAME **CHILLINGWORTH**
STREET ADDRESS **341 Royal Plaza Dr**
CITY-ST-ZIP **FT. LAUDERDALE**TITLE **VP** ☐ Delete
NAME **COPPEN, ALLAN**
STREET ADDRESS **341 ROYAL PLAZA DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954.614.6101
10 MARCH 2001

CR2E034 (10/00)