2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # **P97000096166** May 30, 2000 8:00 am Entity Name Secretary of State ROYAL LEASING OF SOUTH FLORIDA, INC. The same was a second of the same of the s 04-22-2000 90120 039 ***150.00 Mailing Address Principal Place of Business 3350 N.W. 2ND AVENUE 3350 N.W. 2ND AVENUE SUITE 8-38 SUITE-B-38 ACT BOCA RATON FL 33431-6656 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address P.O. B. Suite, Apt. #, etc Suite, Apt. #, etc. 9 -2303/89 50C# Applied For 4. FEI Number City & State City & State APPLIED FOR Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3429 Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent CACLEMBON-BARONE, JOANNE Street Address (P.O. Box Number is Not Acceptable) 3350 N.W. 2ND AVENUE SUITE B-38 3350 N.W. 2ND AVENUE BQCA-RATON FL 33431 City BOCA RATON, FLORIDA 33432 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 ☐ Change Addition TITLE Delete TITLE BARONE, JOANNE NAME NAME 3350 N.W. 2ND AVENUE STE. B-38 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE CALIENDO, SAM S NAME NAME

CR2E034 (9/99) 3350 NW 2MD AVE STE B-38 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-2P CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE BOX 850 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tipe empowered.

SIGNATURE:

SARATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 54/-477-400/
