

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90052 020 ***150.00

DOCUMENT # P98000006999

1. Entity Name
ROYALMARC CORPORATION

Principal Place of Business

1070 NW 1ST AVE., UNIT E
BOCA RATON FL 33432

Mailing Address

1070 NW 1ST AVE., UNIT E
BOCA RATON FL 33432

2. Principal Place of Business

100 N.W. 11th STREET

Suite, Apt. #, etc.

SUITE # B

City & State

BOCA RATON, FL

Zip

33432

Country

3. Mailing Address

100 N.W. 11th STREET

Suite, Apt. #, etc.

SUITE # B

City & State

BOCA RATON, FL

Zip

33432

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0810448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERBERG, MARC
1070 NW 1ST AVE., UNIT E
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

SILVERBERG, MARC

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

100-B N.W. 11th STREET

City

BOCA RATON

FL

Zip Code

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 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	D	<input type="checkbox"/> Delete
NAME	SIROTA, ROY	
STREET ADDRESS	1070 NW 1ST AVE., UNIT E	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIROTA, MARIE	
STREET ADDRESS	1070 NW 1ST AVE., UNIT E	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIROTA, ROY	
STREET ADDRESS	100-B N.W. 11th STREET	
CITY - ST - ZIP	BOCA RATON, FL 33432	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIROTA, MARIE	
STREET ADDRESS	100-B NW 11th STREET	
CITY - ST - ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)