

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000026619**

1. Entity Name

THE ROYAL FAMILY OF ENTREPRENEURS, INC.**FILED**
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90035 048 ***150.00

Principal Place of Business

1799 7 AVE NO
LAKE WORTH FL 33461

Mailing Address

1799 7 AVE NO
LAKE WORTH FL 33461-3850

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

VAN TIEM, FLORENTINE
1799 7 AVE NO
LAKE WORTH FL 33461

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 State10. 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	<input type="checkbox"/> Delete
NAME	VANTIEM, FLORENTINE	
STREET ADDRESS	21 CITRUS PARK LANE	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	OLESKY, VICTORIA	
STREET ADDRESS	63 CITRUS PARK LANE	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN TIEM, JOSEPH S	
STREET ADDRESS	5116 WELLINGHOLL WAY	
CITY-ST-ZIP	COLUMBIA MD 21044	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELWELL, MARLENE	
STREET ADDRESS	25270 RIDGEWOOD	
CITY-ST-ZIP	FARMINGTON HILLS MI 48536	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, GEORGE	
STREET ADDRESS	213 WOODLAND RD	
CITY-ST-ZIP	MADISON NJ 07940	
TITLE	D	<input type="checkbox"/> Delete
NAME	STELLA, FRANK	
STREET ADDRESS	7000 FENKELL	
CITY-ST-ZIP	DETROIT MI 48238	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Van Tiem, Florentine	
STREET ADDRESS	1799 7th Ave. N.	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Olesky, Victoria	
STREET ADDRESS	1799 7th Ave. N.	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Van Tiem, Joseph S.	
STREET ADDRESS	9136 Carriage Hse. Ln	
CITY-ST-ZIP	Columbia MD 21045	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/06/00

561-
586-6100 x.26