## FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90170 048 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000030026

DOCUMENT #

1. Entity Name
ONE ROYAL PALM, INC.



Principal Place of Business Mailing Address 980 N. FEDERAL HWY.. SUITE 400 980 N. FEDERAL HWY.. SUITE 400 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 65-0830596 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COMPARATO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 980 N. FEDERAL HWY., SUITE 400 **BOCA RATON FL 33432** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Fforida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Addition ☐ Delete NAME COMPARATO, ROBERT NAME STREET ADDRESS 980 N. FEDERAL HWY., SUITE 400 STREET ADDRESS CITY-ST-ZIP. **BOCA RATON FL 33432** CITY-ST-ZIP TITLE . ☐ Delete TITLE ☐ Change Addition NAME NAME COMPARATO, MICHAEL STREET, ADDRESS STREET ADDRESS 6575 NW 32nd WAY CITY-ST-ZIP CITY\_ST-ZIP BOCA\_RATON\_\_FL\_33496 Addition Delete TITLE TITLE ☐ Change COMPARATO, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 8650.2 EAGLE RUN DRIVE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33434 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. 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 #/s report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, we all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pobert Comparento

4/14/03

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