

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046478

1. Entity Name

ROYALE POINTE GROUP, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90040 005 ***150.00

Principal Place of Business

Mailing Address

13200 SW 128 ST
STE F-1
MIAMI FL 33186

13200 SW 128 ST
STE F-1
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13343 S.W. 88th Ave.

13343 S.W. 88th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

Zip

33176

Country

4. FEI Number

65-0846543

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

PARLADE, ALBERTO J ESQ.
3850 S.W. 87TH AVENUE
SUITE 207
MIAMI FL 33165

Name

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

7050 S.W. 86th Avenue

City

Miami

FL

Zip Code

33143

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, 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 PTD ☐ Delete
NAME SALSAMENDI, FERNANDO JR.
STREET ADDRESS 13200 S.W. 128 STREET, SUITE F1
CITY-ST-ZIP MIAMI FL 33176

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13343 S W 88th Ave.
CITY-ST-ZIP Miami, FL 33176

TITLE SVD ☐ Delete
NAME PEREZ, JULIO C
STREET ADDRESS 3850 SW 87TH AVE SUITE 207
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)