2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90065 050 ***158.75

C0049301

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000061954

1. Entity Name
ANI-Royale, Inc.

Principal Place of Business
9400 Sth. Dadeland Blvd.
Ste 100
Miami, FL 33156

Mailing Address
9400 Sth. Dadeland Blvd.
Ste 100
Miami, FL 33156

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0893012 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Deutch, Richard E. Jr
2665 S. Bayshore Dr., #202
Coconut Grove, FL 33133

7. Name and Address of New Registered Agent
Name: Deutch, Richard E Jr.
Street Address (P.O. Box Number is Not Acceptable): 1 SE 3rd AVE
Suite 3050
City: Miami FL Zip Code: 33131

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: RICHARD E. DEUTCH, JR. 4-12-01
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	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	Wolfson, Louis III	NAME	Wolfson, Louis III
STREET ADDRESS	2665 S. Bayshore Dr, Suite 202	STREET ADDRESS	9400 Sth Dadeland Blvd., Suite 100
CITY-ST-ZIP	Coconut Grove, FL 33133	CITY-ST-ZIP	Miami, FL 33156
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	Wohl, Michael D	NAME	Wohl, Michael D
STREET ADDRESS	2665 S. Bayshore Dr., Suite 202	STREET ADDRESS	9400 Sth. Dadeland Blvd., Suite 100
CITY-ST-ZIP	Coconut Grove, FL 33133	CITY-ST-ZIP	Miami, FL 33156
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	Angulo, Victor	NAME	Angulo, Victor
STREET ADDRESS	2665 S. Bayshore Dr., Suite 202	STREET ADDRESS	9400 Sth. Dadeland Blvd. Suite 100
CITY-ST-ZIP	Coconut Grove, FL 33133	CITY-ST-ZIP	Miami, FL 33156
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 like empowered.

SIGNATURE: Michael D. Wohl 4/11/01 (305)854-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #