## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P98000068538 May 22, 2000 8:00 am ROYAL SANDS PROPERTIES, INC. Secretary of State 05-22-2000 90004 008 \*\*\*150.00 Mailing Address Principal Place of Business 4521 W. IDLEWILD 4521 W. IDLEWILD TAMPA FL 33614-5437 TAMPA FL 33614-5437 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3538896 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OTERO-COSSIO, FRANCISCO J Street Address (P.O. Box Number is Not Acceptable) 4521 W. IDLEWILD TAMPA FL 33614-5437 Zip Code City Fl 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 DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE OTERO-COSSIO, FRANCISCO J NAME NAME STREET ADDRESS 4521 W. IDLEWILD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33614-5437 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MARTIN, JEFFREY B NAME NAME STREET ADDRESS 15007 ROUNDUP DR. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624-2321 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE OTERO-COSSIO, JAVIER L NAME NAME STREET ADDRESS 4521 W. IDLEWILD STREET ADDRESS CITY-ST-ZIP TAMPA FL 33614-5437 CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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 if 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 EDWARD NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 813 290-7749 Date Daytore Phone #

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CR2E034 (9/99)