

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90218 049 ***158.75

0089589

DOCUMENT # P98000078416

1. Entity Name

TROYAL, INC.

Principal Place of Business

~~9605 NW 79 AVE~~
~~BAY 9~~
~~HALEAH GARDENS FL 33018~~

Mailing Address

~~9605 NW 79 AVE~~
~~BAY 9~~
~~HALEAH GARDENS FL 33018~~

2. Principal Place of Business

8384 NW 56th. ST.

Suite, Apt. #, etc.

3. Mailing Address

8384 NW 56th. ST.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

4. FEI Number

65-0861707

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REALES, SILVIA L
7820 W 29 WAY
#202
HALEAH FL 33018

7. Name and Address of New Registered Agent

Name

REALES, SILVIA L

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

3375 W 76st Apt #103

City

HALEAH GARDENS

FL

Zip Code

33018

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

TITLE **DP** ☐ Delete
NAME **JIMENEZ, LUIS**
STREET ADDRESS **14857 SW 104 STREET, B-9, STE. 202**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **DV** ☐ Delete
NAME **REALES, CARLOS D**
STREET ADDRESS **14857 SW 104 STREET, B-9, STE. 202**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **DS** ☐ Delete
NAME **REALES, SILVIA L**
STREET ADDRESS **7820 W 29 WAY, #202**
CITY-ST-ZIP **HALEAH FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME **DS**
NAME **REALES, SILVIA L**
STREET ADDRESS **3375 W 76st #103**
CITY-ST-ZIP **HALEAH GARDENS FL 33018**

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

TITLE ☐ Change ☐ Addition
NAME
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

4/26/01

Date

Daytime Phone #

CR2E034 (10/00)