

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State
 05-06-2000 90184 001 ***450.00

DOCUMENT # P98000106037

Entity Name

ROYAL BAY ESTATES, INC.

Principal Place of Business

**6605 Maynada St
 Coral Gables, FL 33146**

Mailing Address

**900 Suntrust Bldg.
 777 Brickell Bldg.
 Miami, FL 33131**

12209

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 Brickell Avenue

**Suite, Apt. #, etc.
 Suite 504**

**City & State
 Miami FL**

**Zip
 33131**

Country

3. Mailing Address

1200 Brickell Av

**Suite, Apt. #, etc.
 Suite 900**

**City & State
 Miami, FL**

**Zip
 33131**

Country

4. FEI Number

65-0925505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**Michael B. Walker
 Wampler Buchanan & Breen, P.A.
 900 Suntrust Bldg
 777 Brickell Bldg
 Miami, FL 33131**

7. Name and Address of New Registered Agent

**Name
 AGIM Registered Agents, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 1200 Brickell Avenue, Suite 900
 MAI
 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  **MARIO A. IGLESIAS** **4/28/2000**
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, 2000 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	PD <input checked="" type="checkbox"/> Delete
NAME	Robert M. Horne
STREET ADDRESS	6605 Maynada St
CITY-ST-ZIP	Miami, FL 33146
TITLE	VPD <input checked="" type="checkbox"/> Delete
NAME	Juan Sosa
STREET ADDRESS	21405 SW 97 Place
CITY-ST-ZIP	Miami, Florida 33189
TITLE	STD <input checked="" type="checkbox"/> Delete
NAME	Wilfredo Padron
STREET ADDRESS	10050 S.W. East Calusa Club Dr.
CITY-ST-ZIP	Miami, FL 33186
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert F. Thorne
STREET ADDRESS	1110 Brickell Ave, Suite 504
CITY-ST-ZIP	Miami, FL 33131
TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eduardo Calil
STREET ADDRESS	1110 Brickell Avenue, Suite 504
CITY-ST-ZIP	Miami, Florida 33131
TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Naya
STREET ADDRESS	1110 Brickell Avenue, Suite 504
CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **ROBERT F. THORNE** **4/26/00** **305 414 6800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)