

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90116 035 \*\*\*150.00

**DOCUMENT #** P99000010812

**1. Entity Name**

THE ROYAL ADMINISTRATION, INC.

**DO NOT WRITE IN THIS SPACE**

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DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

6161 Blue Lagoon Drive

**3. Mailing Address**

6161 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 360

Suite, Apt. #, etc.

Suite 360

City & State

Miami, Florida

City & State

Miami, Florida

**4. FEI Number**

65-0960683

Applied For

Not Applicable

Zip

33126

Country

Dade

Zip

33126

Country

Dade

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

Cortes, Fernando SR.

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

6161 Blue Lagoon Drive

Suite 360

City

Miami,

FL

Zip Code

33126

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**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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
PCEO  
Cortes, Fernando SR.  
6161 Blue Lagoon Drive, #360  
Miami, Florida 3126

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
ST  
Cortes, Fernando JR.  
6161 Blue Lagoon Drive, #360  
Miami, Florida 33126

**TITLE**  
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/02

Date

(305)266-6500

Daytime Phone #

CR2E034B (12/01)