

6000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016030

1. Entity Name

ROYAL FILLARD HOTEL, INC.

FILED

00 JAN 20 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
767 ARTHUR GODFREY ROAD
Miami Beach, FL 33140

Mailing Address
767 ARTHUR GODFREY ROAD
Miami Beach, FL 33140

2. Principal Place of Business
One Southeast Third Avenue
Suite, Apt. #, etc.
Suite 2130
City & State
Miami, FL

3. Mailing Address
One Southeast Third Avenue
Suite, Apt. #, etc.
Suite 2130
City & State
Miami, FL

DO NOT WRITE IN THIS SPACE

Zip
33131

Country
USA

4. FEI Number
65-0903438

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBER, LAUREN H. Esq.
767 Arthur Godfrey Road
Miami Beach, FL 33140

Name
COPROLITE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
One Southeast Third Avenue
Suite 2130
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  Melvin F. Frankel, President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when replacing agent) DATE 1-19-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Massaglia, Michelino 767 Arthur Godfrey Road Miami Beach, FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T Frankel, Melvin F. One Southeast Third Avenue, Suite 2130 Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S Blass, Stephen A. One Southeast Third Avenue, Suite 2130 Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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****150.00 ****150.00

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 duly empowered.

SIGNATURE:  Melvin F. Frankel, President
Signature and typed or printed name of signing officer or director DATE 1-19-00 Daytime Phone # 305-377-9353

KE