

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90082 004 \*\*\*150.00

DOCUMENT # 999000024454  
 Entity Name  
**ROYAL SUNSHINE, INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business **100 N. Biscayne Blvd.**  
 Suite, Apt. #, etc. **#2100**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State **Miami, FL**  
 Zip **33132** Country

City & State  
 Zip Country

4. FEI Number **65-0930091**  
 Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**Corporation Service Company**  
**1201 Hays Street**  
**Tallahassee, FL 32301-2525**

7. Name and Address of New Registered Agent  
 Name **Baur, Woodbridge, Reus & Klein P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 N. Biscayne Blvd. #2100**  
 City **Miami** **FL** Zip **33132**

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  **Alexander Reus, Esq., Baur, Woodbridge, Reus + Klein, P.A. 3/17/00**  
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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Volker Tabaczek</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D/P/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Volker Tabaczek</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Manuela Jelen</b>	
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		
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:  **Volker Tabaczek** **3/17/00** **205-377-3561**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)

**ATTACHMENT**

**Re: ROYAL SUNSHINE, INC.  
Your Ref. No.: P99000024454**

Please be advised of the address of officer/director:

Volker Tabaczek (D/P/S)  
Vista del Sol, S.A.  
EPS-D 940  
P.O. Box – 02-5548  
Dominican Republic

Manuela Jelen (VP/T)  
Vista del Sol, S.A.  
EPS – D 940  
P.O. Box – 02-5548  
Dominican Republic