

\$ 150

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90048 004 ***150.00

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DOCUMENT # P99000029226

1. Entity Name

ROYO INTERNATIONAL, INC.

Principal Place of Business

**900 WEST 49TH STREET
SUITE 438
HIALEAH FL 33012**

Mailing Address

**900 WEST 49TH STREET
SUITE 438
HIALEAH FL 33012**

2. Principal Place of Business

8116 HIBISCUS CLE

Suite, Apt. #, etc.

3. Mailing Address

8116 HIBISCUS CLE

Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

TAMARAC FL

Zip

33321

Country

USA

Zip

33321

Country

USA

4. FEI Number

65-0990366

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**YOUNG, PHILIP
900 WEST 49TH STREET
SUITE 438
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name **ROGOW, EILEEN G.**
Street Address (P.O. Box Number is Not Acceptable)
8116 HIBISCUS CLE
City **TAMARAC FL** Zip Code **33321**

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

Eileen Rogow

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/02

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, 2002 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 **P** ☒ Delete
NAME **ROGOW, ARTHUR**
STREET ADDRESS **900 WEST 49TH STREET, SUITE 438**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **STD** ☒ Delete
NAME **YOUNG, PHILIP**
STREET ADDRESS **900 WEST 49TH STREET, SUITE 438**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ Delete
NAME **ROGOW, EILEEN**
STREET ADDRESS **900 WEST 49TH STREET, SUITE 438**
CITY-ST-ZIP **HIALEAH FL 33012**

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 **D** ☒ Change ☐ Addition
NAME **ROGOW, EILEEN**
STREET ADDRESS **8116 HIBISCUS CLE**
CITY-ST-ZIP **TAMARAC FL 33321**

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:

Eileen Rogow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 **954-721-2822**

Date Daytime Phone #

CR2E034 (9/01)