

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042097

1. Entity Name

CANADIAN ROYAL COMPANY

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90034 038 ***150.00

Principal Place of Business

Mailing Address

3901 SOUTH OCEAN DRIVE
SUITE 1B
HOLLYWOOD FL 33019

3901 SOUTH OCEAN DRIVE
SUITE 1B
HOLLYWOOD FL 33008-1552

2. Principal Place of Business

3. Mailing Address

2500E. HALLANDALE BEACH BL 2500E. HALLANDALE BEACH BL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

HALLANDALE, FLORIDA

HALLANDALE, FLORIDA

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33009

USA

33009

USA

5. Certificate of Status Desired

☒ A

\$8.75-Additional-Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Same

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

City

FL

Zip Code

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

A. Pich

VTD

12 april 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

N/A

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STAVITSKAYA, TATYANA 3901 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PICHESHER, ALEXANDR 3901 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019	<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		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STAVITSKAYA TATYANA 2500E. HALLANDALE BEACH BL #707 HALLANDALE, FLORIDA, 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PICHESHER ALEXANDR 2500E. HALLANDALE BEACH BL #707 HALLANDALE, FLORIDA, 33009	<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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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

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:

A. Pich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 april 2000

Date

(954) 455 78 39

Daytime Phone #

CR2E034 (9/99)