

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90100 001 ***150.00

DOCUMENT # P99000045464

1. Entity Name

THE ROYAL PALM REALTY OF SOUTH FLORIDA, CORP.

Principal Place of Business

**21545 HALSTEAD DRIVE
BOCA RATON FL 33428**

Mailing Address

**21545 HALSTEAD DRIVE
BOCA RATON FL 33428**

2. Principal Place of Business

320 SEMINOLE BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

1103

Suite, Apt. #, etc.

City & State

BOCA RATON FL.

City & State

4. FEI Number

65-0919962

Applied For

Not Applicable

Zip

33432

Country

POC

Zip

Country

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

**DONOVAN, JOAN TABANO
21545 HALSTEAD DRIVE
BOCA RATON FL 33428**

Name

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

Joan Donovan

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)

RIDE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	DONOVAN, JOAN T	
STREET ADDRESS	21545 HALSTEAD DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
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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:

Joan Tabano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)