

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90653 037 ***150.00

DOCUMENT # P99000045464

1. Entity Name
THE ROYAL PALM REALTY OF SOUTH FLORIDA, CORP.

Principal Place of Business
320 SEMIZNER BLVD
1103
BOCA RATON FL 33432

Mailing Address
21545 HALSTEAD DRIVE
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address
320 S.E. Mierer Blvd
1103

City & State

Suite, Apt. #, etc.

1103

City & State

City & State

Boca Raton

Florida

Zip

Country

Zip

33432

Country

USA

4. FEI Number **65-0919962**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONOVAN, JOAN TABANO
21545 HALSTEAD DRIVE
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

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

320 S.E. Mierer Blvd. # 1103

City

Boca Raton

FL

Zip Code

33432

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DONOVAN, JOAN T**
STREET ADDRESS **21545 HALSTEAD DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☒ Change ☐ Addition
NAME **320 S.E. Mierer Blvd. # 1103**
STREET ADDRESS **Boca Raton Florida 33432**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02 561-394-0344

CR2E034 (9/01)