

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90043 024 ***150.00

DOCUMENT # P99000061938

1. Entity Name
ROYAL PROPERTIES SOUTH BEACH, INC.

Principal Place of Business 631 JEFFERSON AVE. APT. 503 MIAMI BEACH FL 33139	Mailing Address 631 JEFFERSON AVE. APT. 503 MIAMI BEACH FL 33139-8527
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715527



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 951 EUCLID AVE Suite, Apt. #, etc. #15	3. Mailing Address 951 EUCLID AVE Suite, Apt. #, etc. #15
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City & State MIAMI BEACH	City & State MIAMI BEACH, FL	4. FEI Number *65-0939405	Applied For <input type="checkbox"/> Not Applicable
Zip FL/33139	Country DADE	Zip 33139	Country DADE
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORETTI, BRENNO 631 JEFFERSON AVE. APT. 503 MIAMI BEACH FL 33139	7. Name and Address of New Registered Agent Name BRENNO MORETTI Street Address (P.O. Box Number is Not Acceptable) 951 EUCLID AVE #15 City MIAMI BEACH FL Zip Code 33139
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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: *Brenno Moretti* DATE: **2/15/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORETTI, BRENNO		NAME MORETTI BRENNO	
STREET ADDRESS 631 JEFFERSON AVE. APT. 503		STREET ADDRESS 951 EUCLID AVE #15	
CITY-ST-ZIP MIAMI BEACH FL 33139		CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE	<input type="checkbox"/> Delete	TITLE Y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME MORETTI MONIKA	
STREET ADDRESS		STREET ADDRESS 951 EUCLID AVE #15	
CITY-ST-ZIP		CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 reports 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: *Brenno Moretti* DATE: **2/15/2000** (305) 534-8328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/In Phone #

CR2E034 (9/99)