

5/15/01-90089-0.

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90089 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|   |   |  |   |
|---|---|--|---|
| <b>DOCUMENT # P99000078280</b>  |   |  |   |
| 1. Entity Name<br><b>ROYAL POINCIANA PROPERTIES, INC.</b>   |   |  |   |
| Principal Place of Business<br><b>7333 CORAL WAY<br/>MIAMI FL 33155</b>   |   | Mailing Address<br><b>7333 CORAL WAY<br/>MIAMI FL 33155</b>  |   |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |
| City & State  |   | City & State   |   |
| Zip   | Country   | Zip  | Country   |
| 6. Name and Address of Current Registered Agent<br><b>DAVIDE, SALVATORE J<br/>7333 CORAL WAY<br/>MIAMI FL 33155</b>   |   | 4. FEI Number <b>APPLIED FOR</b><br>Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>     |   |
| 7. Name and Address of New Registered Agent   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                      |   |
| Name  |   | City   |   |
| Street Address (P.O. Box Number is Not Acceptable)  |   | Zip Code   |   |
| City  |   | FL   |   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renouncing)</small>   |   |  |   |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>   |   | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |
| FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State  |   |  |   |
| 11. OFFICERS AND DIRECTORS  |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PSTD<br/>DAVIDE, SALVATORE J<br/>7333 CORAL WAY<br/>MIAMI FL 33155</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 603, 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: _____  |   | Date: <b>4/23/01</b> <b>305 261-5400</b>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date   |   |

CR2034 (10/00)

Attachment Doc# PA900070280

50325

Form **SS-4**

(Rev. April 2000)

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

Department of the Treasury  
Internal Revenue Service

Keep a copy for your records.

|                   |   |  |  |  |
|-------------------|---|--|--|--|
| Principal officer | 1 Name of applicant (legal name) (see instructions)   |  | ROYAL POINCIANA PROPERTIES, INC.                                   |  |
|                   | 2 Trade name of business (if different from name on line 1)   |  | 3 Executor, trustee, "care of" name                                |  |
|                   | 4a Mailing address (street address) (room, apt., or suite no.)  |  | 5a Business address (if different from address on lines 4a and 4b) |  |
|                   | 4b City, state, and ZIP code  |  | 5b City, state, and ZIP code                                       |  |
|                   | 6 County and state where principal business is located  |  | MIAMI-DADE CO., FLA  |  |
|                   | 7 Name of principal officer, general partner, grantor, owner, or trustor-SSN or ITIN may be required (see instructions) |  | 593-40-3262  |  |
|                   | SALVATORE J. DAVIDE   |  |  |  |

## 8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

|   |   |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN)                        | <input type="checkbox"/> Estate (SSN of decedent)                                 |
| <input type="checkbox"/> Partnership                                  | <input type="checkbox"/> Plan administrator (SSN)                                 |
| <input type="checkbox"/> REMIC  | <input checked="" type="checkbox"/> Other corporation (specify) <b>FOR PROFIT</b> |
| <input type="checkbox"/> State/local government                       | <input type="checkbox"/> Trust  |
| <input type="checkbox"/> Church or church-controlled organization     | <input type="checkbox"/> Federal government/military                              |
| <input type="checkbox"/> Other nonprofit organization (specify) _____ | (enter GEN if applicable) _____   |
| <input type="checkbox"/> Other (specify) _____                        |   |

|   |                  |                       |
|---|------------------|-----------------------|
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated | State <b>FLA</b> | Foreign country _____ |
| 9 Reason for applying (Check only one box.) (see instructions)                            |                  |                       |
| <input checked="" type="checkbox"/> Started new business (specify type) <b>1999</b>       |                  |                       |
| <input type="checkbox"/> Banking purpose (specify purpose) _____                          |                  |                       |
| <input type="checkbox"/> Changed type of organization (specify new type) _____            |                  |                       |
| <input type="checkbox"/> Purchased going business   |                  |                       |
| <input type="checkbox"/> Created a trust (specify type) _____                             |                  |                       |
| <input type="checkbox"/> Other (specify) _____  |                  |                       |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.)                 |                  |                       |
| <input type="checkbox"/> Created a pension plan (specify type) _____                      |                  |                       |

|  |  |
|--|--|
| 10 Date business started or acquired (month, day, year) (see instructions) | 11 Closing month of accounting year (see instructions) |
| <b>1999</b>  | <b>12/31</b>   |

|   |              |
|---|--------------|
| 12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) | <b>0/N/A</b> |
|---|--------------|

|  |                          |                       |                    |
|--|--------------------------|-----------------------|--------------------|
| 13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) | Nonagricultural <b>0</b> | Agricultural <b>0</b> | Household <b>0</b> |
|--|--------------------------|-----------------------|--------------------|

|  |                               |
|--|-------------------------------|
| 14 Principal activity (see instructions) | <b>REAL ESTATE INVESTMENT</b> |
|--|-------------------------------|

|   |                              |  |
|---|------------------------------|--|
| 15 Is the principal business activity manufacturing?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If "Yes," principal product & raw material used _____ |                              |  |

|   |  |
|---|--|
| 16 To whom are most of the products or services sold? Please check one box. | <input type="checkbox"/> Business (wholesale)  |
| <input checked="" type="checkbox"/> Public (retail)                         | <input type="checkbox"/> Other (specify) _____ |

|  |                              |  |
|--|------------------------------|--|
| 17a Has the applicant ever applied for an employer identification number for this or any other business? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Note: If "Yes," please complete lines 17b and 17c.   |                              |  |

|   |                  |                  |
|---|------------------|------------------|
| 17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. | Legal name _____ | Trade name _____ |
|---|------------------|------------------|

|   |  |                            |              |
|---|--|----------------------------|--------------|
| 17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. | Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN |
|---|--|----------------------------|--------------|

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly)

SALVATORE J. DAVIDE, PRESIDENT

Business telephone number (include area code)

(305) 261-5400

Fax telephone number (include area code)

(305) 551-7254

Signature

Date

6/29/01

Note: Do not write below this line. For official use only.

|                    |      |      |       |      |                     |
|--------------------|------|------|-------|------|---------------------|
| Please leave blank | Geo. | Ind. | Class | Size | Reason for applying |
|--------------------|------|------|-------|------|---------------------|