

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000078280**

1. Entity Name

**ROYAL POINCIANA PROPERTIES, INC.**

Principal Place of Business

**7333 CORAL WAY  
MIAMI FL 33155**

Mailing Address

**7333 CORAL WAY  
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIDE, SALVATORE J  
7333 CORAL WAY  
MIAMI FL 33155**

7. Name and Address of New Registered Agent

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSTD  
DAVIDE, SALVATORE J  
7333 CORAL WAY  
MIAMI FL 33155**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/02**

Date

**(305) 261-5400**

Daytime Phone #

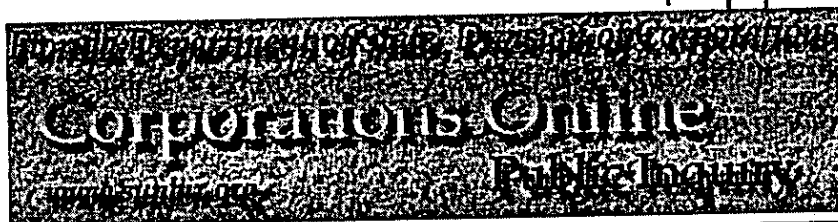
**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90061 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)



## Florida Profit

## ROYAL POINCIANA PROPERTIES, INC.

## PRINCIPAL ADDRESS

7333 CORAL WAY  
MIAMI FL 33155

## MAILING ADDRESS

7333 CORAL WAY  
MIAMI FL 33155Document Number  
P99000078280FEI Number  
APPLIEDDate Filed  
08/30/1999State  
FLStatus  
ACTIVEEffective Date  
NONE

## Registered Agent

Name & Address
DAVIDE, SALVATORE J 7333 CORAL WAY MIAMI FL 33155

## Officer/Director Detail

Name & Address	Title
DAVIDE, SALVATORE J 7333 CORAL WAY MIAMI FL 33155	PSTD

## Annual Reports

Report Year	Filed Date	Intangible Tax
2000	05/04/2000	
2001	07/10/2001	