

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90014 033 ***550.00

DOCUMENT # P99000086115

1. Entity Name
AMERICAN ROYAL CORPORATION ✓

Principal Place of Business Mailing Address
16620 GOLFVIEW DRIVE **16620 GOLFVIEW DRIVE**
WESTON FL 33326 **WESTON FL 33326**

2. Principal Place of Business 3. Mailing Address
16643 GOLFVIEW DR **16643 GOLFVIEW DR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WESTON FL **WESTON FL**

Zip Country Zip Country
33326 **U.S.A** **33326** **U.S.A**

4. FEI Number Applied For
65-0914708 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUEZ, MIGUEL J
4801 SOUTH UNIVERSITY DRIVE SUITE 3000
DAVE FL 33328

7. Name and Address of New Registered Agent

Name **NADIM RUIZ**
 Street Address (P.O. Box Number is Not Acceptable)
933 South STATED RD 7
 City **PLANTATION** **FL** Zip Code **33317**

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 _____
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. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CIFUENTES, JAIRO CARRERA 43A NO 16 SUR 47 OFFICINA 1005 MEDELLIN COLOMBIA, S.A.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 OF JAIRO CIFUENTES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/15/00**

Daytime Phone # **954 661465**

CR2E034 (5/00)