

2001 UNIFORM BUSINESS REPORT (UBR)

04-17-2001 90164012 ***150.00
P99000098429

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000098429
1. Entity Name
ROY, INC

Principal Place of Business 2101 WEST COMMERCIAL BLVD
Mailing Address SAME
SUITE 3500
FT. LAUDERDALE FL 33309

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0960206
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MARCO KAVIC
2101 W COMMERCIAL BLVD
SUITE 3500
FT. LAUDERDALE, FL 33309

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 _____ (NOTE: Registered Agent signature required when reinstating) _____
Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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	DIRECTOR, PRESIDENT, TREASURER	<input type="checkbox"/> Delete
NAME	MARCO KAVIC	
STREET ADDRESS	2101 W COMMERCIAL BLVD SUITE 3500	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	DIRECTOR, VICE PRESIDENT, SECRETARY	<input type="checkbox"/> Delete
NAME	MARCO KAVIC	
STREET ADDRESS	2101 W COMMERCIAL BLVD SUITE 3500	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	SALOMON KAVIC	
STREET ADDRESS	2101 W COMMERCIAL BLVD SUITE 3500	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **MARCO KAVIC** **04/11/01 (954) 928-2010**
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (11/00)