2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000107485**

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

ROYALTY PARKING SERVICES, INC.

Principal Place	e of Business	Mailing Address								
4834 N.W. 103R CORAL SPRING		4834 N.W. 103RD DRIVE CORAL SPRINGS FL 33076								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			:	DO NOT WRITE	N THIS SF	ACE.		
City & State	9	City & State			4. F	El Number		_ 	plied For at Applicable	
Zip	Country	Zip	Zip Counti		5. 0	Certificate of Status Desired		8.75 Add		
•••	6. Name and Address of Current	Registered Agent			7. N	lame and Address of New Reg	istered A	jent		ĺ
	•		Name							
3732	GS, INC. N.W. 16TH STREET		Street Address		s (P.O. Bo	ox Number is Not Acceptable)				
FT. L	AUDERDALE FL 33311-4132									
				City			FL	Zip Code	ө	
8. The above	named entity submits this statement fo	r the purpose of changing it	ts register	ed office or regis	stered age	ent, or both, in the State of Florid	a.			
SIGNATURE _										
	Signature, typed or printed name of registered agent a	and title if applicable (NO	TE. Registere	d Agent signature requ	uired when rei	inslating)	DATE			
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Size			O_	10 :-Election Campaign Finan Trust Fund Contribution.	cing ~~		O-May Be I to Fees	-
11.	OFFICERS AND	DIRECTORS	12.		AD	I DITIONS/CHANGES TO OFFICE	ERS AND I	DIRECTOR	S IN 11	١.
TITLE NAME STREET ADDRESS	D Katz, Howard 4834 N.W. 103RD DRIVE	☐ Delete	NAM					☐ Change	☐ Addition	00/0/10
CITY-ST-ZIP CORAL SPRINGS FL 33076				EET ADDRESS '-ST-ZIP						Ľ
TITLE NAME		☐ Delete	TITL					☐ Change	☐ Addition	5
STREET ADDRESS CITY-ST-ZIP			STRE	EET ADDRESS '-ST-ZIP					I	
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CITY-ST-ZIP			CITY	'-ST-ZIP						
TITLE		☐ Delete	TITL					☐ Change	Addition	
NAME			NAM	ME Eet address						
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP						
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, i	s true and accurate and that owered_to execute this repor	t my signa rt as requi	iture shall have t	he same l	legal effect as it made under oat	n: that I ar	n an oilicer	Block 12 if	

FILED

May 05, 2000 8:00 am Secretary of State

05-05-2000 90081 011 ***150.00