

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108286

1. Entity Name
ROYAL POINCIANA HOLDING, INC. ✓

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90159 004 ***550.00

Principal Place of Business

7333 CORAL WAY
MIAMI FL 33155

Mailing Address

7333 CORAL WAY
MIAMI FL 33155

2. Principal Place of Business

2650 BISCAYNE BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

c/o SERGIO ROQUE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33137-4590

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIDE, SALVATORE
7333 CORAL WAY
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name
SERGIO ROQUE, JR.

Street Address (P.O. Box Number is Not Acceptable)
2650 BISCAYNE BLVD.

City
MIAMI

FL

Zip Code
33137-4590

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)

7-17-00

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 \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEHAR, ALBERTO
7333 CORAL WAY
MIAMI FL 33155 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SERGIO ROQUE, JR.
2650 BISCAYNE BLVD.
MIAMI, FL 33137-4590 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 an officer or director empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)