APR 01 '02 16:20 FROM:SUMMERS&OPPENHEIM 212-2

2002 UNIFORM BUSINESS REPORT (UBR

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90143 040 ***150.00

DOCUMENT # V43913

1. Entity Name
ROYAL AMERICAN MILLS INC.

Principal Place of Business	Mailing Address
595 E 10TH AVE HIALEAH FL 33010	595 E 10TH AVE HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

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 65-0349632 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVINE, JULES E 65 BRISTOL DR BOYNTON BEACH FL 33435	Name Alter, Ronald A. Street Address (P.O. Box Number is Not Acceptable) 81 N.E. 39th Street Alter Plaza Bldg City Miami FL Zip Code 3313-3629

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 _____ 4-3-02
Signature, typed or printed name of registered agent and the # 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 order a 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 Added to

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☐ Delete FLASTER, ALVIN 271-20E GRAND CENTRAL PKWY FLORAL PARK NY 11005	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ☐ Delete FLASTER, RICHARD J 30 WEST 15TH STREET 9 SOUTH NEW YORK NY 10011	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change

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 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 12 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/3/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #