

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V50281**

1. Entity Name

**ROYAL FLORIDA HOLDINGS, INC.****FILED****Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90004 024 \*\*\*150.00

Principal Place of Business

**1201 BRICKELL AVE  
S. 650  
MIAMI FL 33131  
US**

Mailing Address

**1201 BRICKELL AVE  
S. 650  
MIAMI FL 33131  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**c/o BCOM 1201 Brickell Ave****S. 650**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0349715**

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****PALACHI, ASLAN  
1201 BRICKELL AVE  
S 650  
MIAMI FL 33131**

Name

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

**c/o BCOM 1201 Brickell Ave  
S. 650**

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

*ASLAN PALACHI***ASLAN PALACHI****4-15-01**

Signature, typed or printed name of registered agent and title if 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 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **P** ☐ Delete  
NAME **ASLAN, PALACHI**  
STREET ADDRESS **1201 BRICKELL AVE ST 650**  
CITY-ST-ZIP **MIAMI FL 33131**TITLE ☒ Change ☐ Addition  
NAME **PALACHI, ASLAN**  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **DERELI, MEHMET S**  
STREET ADDRESS **2127 BRICKELL AVENUE SPT 1104**  
CITY-ST-ZIP **MIAMI FL**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2127 BRICKELL AVE, AP 2702**  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*ASLAN PALACHI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-01**

Date

**305 375-0090**

Daytime Phone #

CR2E034 (10/00)