

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V50333

Entity Name

ROYAL WORLD METROPOLITAN, INC.

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90114 032 \*\*\*150.00

Principal Place of Business BCOM 1110 BRICKELL AVE STE 303 MIAMI FL 33131	Mailing Address % BCOM 1110 BRICKELL AVE STE 303 MIAMI FL 33131 US
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Principal Place of Business BCOM 1201 BRICKELL AVE Suite, Apt. #, etc. S. 650	3. Mailing Address % BCOM 1201 BRICKELL AVE Suite, Apt. #, etc. S. 650
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City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131	Zip 33131



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0309455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PALACHI, ASLAN %BCOM 1110 BRICKELL AVE STE 303 MIAMI FL 33131	7. Name and Address of New Registered Agent Name PALACHI, ASLAN Street Address (P.O. Box Number is Not Acceptable) %BCOM, 1201 BRICKELL AVE S. 650 City MIAMI FL Zip Code 33131
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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 <i>A Palachi</i>	DATE 4/10/00
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This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P PALACHI, ASLAN %BCOM 1110 BRICKELL AVE STE 303 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALACHI, ASLAN % BCOM, 1201 BRICKELL AVE S. 650 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
VP DERELI, MEHMET S 2127 BRICKELL AVE, #1104 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE 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: <i>A Palachi</i>	4-10-00	305-375-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)