


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90687 001 \*\*\*\*70.00

**DOCUMENT # N04744**

1. Entity Name  
**REGIS HOUSE, INC.**



Principal Place of Business  
**2010 N.W. 7TH STREET  
MIAMI FL 33125  
US**

Mailing Address  
**2010 N.W. 7TH STREET  
MIAMI FL 33125  
US**



CHECK HERE IF MAKING CHANGES

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 **59-2446131**

Applied For

Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ-LERENA, FRANCISCO S.J.  
12725 SW 6TH STREET  
MIAMI FL 33184**

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ-LERENA S. J. , FRANCISCO</b>	
STREET ADDRESS	<b>13339 SW 9TH TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SANCHEZ-MEDINA, ROLAND</b>	
STREET ADDRESS	<b>201 S BISCAYNE BLVD., SUITE 2200</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SUAREZ-BURGOS, MARCO A.</b>	
STREET ADDRESS	<b>200 S.W. 30TH ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMAS-STEELMAN, FRANCINE</b>	
STREET ADDRESS	<b>3107 STIRLING ROAD - SUITE 300</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DELVALLE, FRANCISCO</b>	
STREET ADDRESS	<b>2825 GRANADA BLVD. APT.1-4</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BISHOP, LORI</b>	
STREET ADDRESS	<b>1614 CRANDON BLVD. #414</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GORT, WILLY</b>	
STREET ADDRESS	<b>600 BRICKELL AVE., #301</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOTIFOLL, RAUL</b>	
STREET ADDRESS	<b>8601 SW 86TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33143</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARCIA, JOE</b>	
STREET ADDRESS	<b>1312 SW 27TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33145</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SOLIS, MIGUEL</b>	
STREET ADDRESS	<b>8760 SW 42ND TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33165</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZARATE, MONICA</b>	
STREET ADDRESS	<b>830 NW 86TH AVE., #319</b>	
CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RESHEFSKY, GARY</b>	
STREET ADDRESS	<b>1221 BRICKELL AVE., STE. 2328</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

03-15-03 (305) 642-7600

CR2E037 (10/02)