2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04744

Entity Name: REGIS HOUSE, INC.

Current Principal Place of Business:

1250 NORTHWEST 7TH STREET

SUITE 201 MIAMI, FL 33125

Current Mailing Address:

9245 SOUTHWEST 157TH STREET

SUITE 203

MIAMI, FL 33157 US

FEI Number: 59-2446131 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTILLO DE LA TORRIENTE, ANDRES 9245 SOUTHWEST 157TH STREET SUITE 203

MIAMI, FL 33157 US

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: ANDRES CASTILLO DE LA TORRIENTE

01/11/2021

FILED Jan 11, 2021

Secretary of State

9644284620CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title CHAIRMAN, DIRECTOR

Name FERNANDEZ-CEBALLOS, JORGE Name SUAREZ, PEDRO A S.J., PHD

2030 SW 123 COURT 12725 SOUTHWEST 6TH ST Address Address

City-State-Zip: MIAMI FL 33175 City-State-Zip: MIAMI FL 33184

Title DIRECTOR Title DIRECTOR

Name PARDO, GEORGINA MENENDEZ, MANUEL ENRIQUE Name

Address 6800 SOUTHWEST 73RD AVENUE Address 2010 N.W. 7TH STREET

SOUTH MIAMI FL 33143 City-State-Zip: City-State-Zip: MIAMI FL 33125

Title CEO Title **SECRETARY**

CASTILLO DE LA TORRIENTE. Name Name PIREZ. CONNIE

ANDRES J

Address 11495 SOUTHWEST 60TH STREET Address 222 MADEIRA AVENUE

City-State-Zip: MIAMI FL 33173

CORAL GABLES FL 33134 City-State-Zip: Title DIRECTOR

DIRECTOR Title Name PUENTE, ORLANDO DR.

ANDINO, JORGE Name 8840 SOUTHWEST 97TH TERRACE Address

Address 550 OCEAN DRIVE City-State-Zip: MIAMI FL 33176

City-State-Zip: KEY BISCAYNE FL 33149

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDRES CASTILLO DE LA TORRIENTE

CEO

01/11/2021

Officer/Director Detail Continued:

Title **DIRECTOR**

Name DE LEON DE CABALLERO, MARIANA

6901 NORTHWEST 111 AVENUE Address

City-State-Zip: DORAL FL 33178

Title DIRECTOR

Address

DESCALZI, GUILLERMO Name 2010 N.W. 7TH STREET

City-State-Zip: MIAMI FL 33125

Title DIRECTOR

CONSUEGRA, ANDRES Name Address 3045 VIRGINIA STREET

City-State-Zip: MIAMI FL 33133

Title DIRECTOR

Name CABALLERO, CARLOS

Address 6901 NORTHWEST 111 AVENUE

City-State-Zip: DORAL FL 33178

Title DIRECTOR Name ABELLA, IRMA

Address 2100 COUNTRY CLUB PRADO City-State-Zip: CORAL GABLES FL 33134