## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **H65617** 1. Entity Name REGINA'S OF MIAMI, INC. 04-24-2000 90828 001 \*\*\*150.00 04-24-2000 90828 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 116-118 N.E. 3RD AVE. 116-118 N.E. 3RD AVE. MIAMI FL 33132 MIAM! FL 33132 $-4 \cdot 8987$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2546218 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LACAYO, BERNAROO 116 NE 3RD AVE MIAMI FL: 33132 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its.Intangible 10.-Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition TITLE Delete LACAYO, REGINA NAME NAME STREET ADDRESS STREET ADDRESS 116 NE 3RD AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ک ⇔د ک ☐ Delete TITLE DELOTE LACAYO, ARGENTINA NAME STREET ADDRESS STREET ADDRESS 116 NE 3RD AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI ☐ Addition TITLE ☐ Delete Change LACAYO, MANUEL NAME STREET ADDRESS STREET ADDRESS 116 NE 3RD AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL esident ☐ Delete ☐ Addition TITLE TITLE Change rejardro NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ... TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/00 (305) 374-0090

Daytime Phone #