

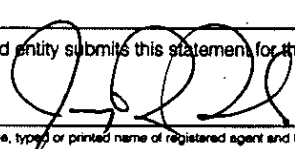
# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91164 034 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000021864</b>			
1. Entity Name  IRVING ROCK REGALADO INC			
Principal Place of Business 6241 NW 141 ST. MIAMI, FL 33027		Mailing Address 6241 NW 141 ST. MIAMI, FL 33027	
2. Principal Place of Business 14441 SW 37 STREET Suite, Apt. #, etc.		3. Mailing Address 14441 SW 37 STREET Suite, Apt. #, etc.	
City & State MIAMI, FL 33027	City & State MIAMI, FL 33027	4. FEI Number 65-0988647	Applied For Not Applicable
Zip 33027	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent IRVING R. REGALADO 6241 NW 141 ST. MIAMI, FL 33027		7. Name and Address of New Registered Agent Name IRVING R. REGALADO Street Address (P.O. Box Number is Not Acceptable) 14441 SW 37 STREET City MIAMI MIRAMAR FL Zip Code 33027	
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  DATE 4-27-01 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b> </div>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME IRVING ROCK REGALADO STREET ADDRESS 6241 NW 141 ST CITY-ST-ZIP MIAMI, FL 33027	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME IRVING ROCK REGALADO STREET ADDRESS 14441 SW 37 STREET CITY-ST-ZIP MIAMI, FL 33027		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME MIRAMAR STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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)(f), 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

Date

Debiting Priority #

4-27-01 305-442-4344

CR2E034 (1/1/00)