

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90006 012 \*\*\*150.00

DOCUMENT # P00000030227

1. Entity Name

REGALIA TECHNOLOGIES



Principal Place of Business

Mailing Address

17350 SPRING TREE LANE  
 BOCA RATON, FL. 33487

2. Principal Place of Business

3. Mailing Address

3325 JAYWOOD TERRACE

3325 JAYWOOD TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

J-208

J-208

City & State

City & State

BOCA RATON

BOCA RATON

Zip

Country

Zip

Country

33431

U.S.A.

33431

U.S.A.

4. FEI Number

Applied For

65-1004993

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

ADALBERTO MORENO  
 3325 JAYWOOD TERRACE APT. J-208  
 BOCA RATON, FL. 33431

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

06/11/01

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT/OWNER  
 ADALBERTO MORENO  
 3325 JAYWOOD TERRACE APT. J-208

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BOCA RATON, FL. 33431

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CO-OWNER  
 BARRY RYK  
 1100 E. SPRING VALLEY DRIVE

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ANDOVER, MA. 01810

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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]*

ADALBERTO MORENO

4/23/01

561-297-2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)