

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P000000 40670**

1. Entity Name

REGALARTE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3522 COUNTRY CLUB DR

Suite, Apt. #, etc.

3. Mailing Address

3522 COUNTRY CLUB DR

Suite, Apt. #, etc.

80127282

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number

59-3642943

Applied For

Not Applicable

Zip
32808

Country
USA

Zip
32808

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **RUBEN D. TORO**

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

7345 SAND LAKE RD, 204

City **ORLANDO**

FL

Zip Code
32819

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

04/29/02

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PDS	NEEMIAS PUSPI DASILVA	3522 COUNTRY CLUB DR	ORLANDO, FL 32808
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/29/02

Date

(407) 827-0768

Daytime Phone #