

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90035 016 ***158.75

DOCUMENT # P00000093106

1. Entity Name

RGI CONSULTING, INC.

Principal Place of Business

C/O OSCAR LEVIN
23RD FLOOR, 1221 BRICKELL AVENUE
MIAMI FL 33131

Mailing Address

C/O OSCAR LEVIN
23RD FLOOR, 1221 BRICKELL AVENUE
MIAMI FL 33131

2. Principal Place of Business

1643 BRICKELL AVE.

3. Mailing Address

1643 BRICKELL AVE.

Suite, Apt. #, etc.

#2603

Suite, Apt. #, etc.

#2603

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33129

Country

USA

Zip

33129

Country

USA

4. FEI Number

EIN 65-1044039

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPDIRECT AGENTS
103 NORTH MERIDIAN STREET
LOWER LEVEL
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **INGLETTO, ROBERTA**
STREET ADDRESS **1221 BRICKELL AVENUE 23RD FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D/P/S** ☒ Change ☐ Addition
NAME **ROBERTA INGLETTO**
STREET ADDRESS **1643 BRICKELL AVE, #2603**
CITY-ST-ZIP **MIAMI FL 33129 USA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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

01/23/01

Date

(305) 215-8005

Daytime Phone #

CR2E034 (10/00)