FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91759 031 ***150.00

DOCUMENT # P01000010959

1. Entity Name: RGL ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11523 NW 6th COURT	11523 NW 6th COURT
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: CORAL SPRINGS FL	City & State: CORAL SPRINGS FL
Zip: 33071 Country: USA	Zip: 33071 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1106795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RON LEVY

Street Address (P.O. Box Number is Not Acceptable): 11523 NW 6th COURT

City: CORAL SPRINGS FL Zip Code: 33071

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: _____ 4/24/02
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) ☐

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

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT NAME: RON LEVY STREET ADDRESS: 11523 NW 6th COURT CITY-ST-ZIP: CORAL SPRINGS FL 33071	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V.P. NAME: GILBERT LEVY STREET ADDRESS: 11523 NW 6th COURT CITY-ST-ZIP: CORAL SPRINGS FL 33071	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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☐ ADDITIONAL OFFICERS/DIRECTORS (SEE ATTACHED)	☐ ADDITIONAL OFFICERS/DIRECTORS (SEE ATTACHED)

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: _____ 4/24/02 (954) 969-9930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #