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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-05-2002 90141 047 ***150.00

DOCUMENT # P01000034370

1. Entity Name
REGINA O CORPORATION

13267

Principal Place of Business	Mailing Address
~~1445 ATLANTIC SHORES BLVD.~~	~~1445 ATLANTIC SHORES BLVD.~~
~~SUITE 203~~	SUITE 203
HALLANDALE FL 33009	~~HALLANDALE FL 33009~~

2. Principal Place of Business	3. Mailing Address
1647 HOLLYWOOD BLVD	1647 HOLLYWOOD BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD F/A	City & State: HOLLYWOOD F/A
Zip: 33020 Country	Zip: 33020 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1088589. ☐ 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
CADRIN, CAROLYN 1445 ATLANTIC SHORES BLVD. SUITE 203 HALLANDALE FL 33009	Name: CAROLYN CADRIN. Street Address (P.O. Box Number is Not Acceptable): 1647 HOLLYWOOD BLVD. City: HOLLYWOOD F/A FL Zip Code 33020

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 X [signature] President 1-18-02.
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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D CADRIN, CAROLYN 1445 ATLANTIC SHORES BLVD., SUITE 203 HALLANDALE FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROLYN CADRIN. President. 1647 HOLLYWOOD BLVD. HOLLYWOOD F/A 33020. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE X [signature] President 1-18-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #