

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90324 021 ***150.00

DOCUMENT # P02000006520

1. Entity Name
REGALOS EXPRESS, INC.



Principal Place of Business
**14240 42ND STREET NORTH #2703
TAMPA FL 33613**

Mailing Address
**14240 42ND STREET NORTH #2703
TAMPA FL 33613**



2. Principal Place of Business

3. Mailing Address

17106 Carrington Park Dr

17106 Carrington Park Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

616

616

City & State

City & State

Tampa FL

Tampa, FL

Zip

Country

33617

EEUU

Zip

Country

33617

EEUU

4. FEI Number

03-0412274

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONICA A. SUAREZ DIAZ
14240 42ND STREET NORTH #2703
TAMPA FL 33613**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SUAREZ, JACINTO**
STREET ADDRESS **14240 42ND STREET NORTH #2703**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Change ☐ Addition
NAME **Jacinto Suarez**
STREET ADDRESS **17106 Carrington Park Dr. #616**
CITY-ST-ZIP **Tampa FL, 33617.**

TITLE **D** ☐ Delete
NAME **LEONOR DIAZ DE SUAREZ**
STREET ADDRESS **14240 42ND STREET NORTH #2703**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Change ☐ Addition
NAME **Leonor Diaz de Suarez**
STREET ADDRESS **17106 Carrington Park Dr. #616**
CITY-ST-ZIP **Tampa FL, 33617.**

TITLE **D** ☐ Delete
NAME **MONICA A. SUAREZ DIAZ**
STREET ADDRESS **14240 42ND STREET NORTH #2703**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Change ☐ Addition
NAME **Monica A. Suarez Diaz**
STREET ADDRESS **17106 Carrington Park Dr #616**
CITY-ST-ZIP **Tampa FL, 33617.**

TITLE **D** ☐ Delete
NAME **IVAN D. SUAREZ DIAZ**
STREET ADDRESS **14240 42ND STREET NORTH #2703**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Change ☐ Addition
NAME **Ivan D. Suarez Diaz**
STREET ADDRESS **17106 Carrington Park Dr. #616**
CITY-ST-ZIP **Tampa FL, 33617.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/03

Date

Daytime Phone #

CR2E034 (10/02)