2003 UNIFORM BUSINESS REPORT (UBR)

Jun 11, 2003 8:00 am Secretary of State DOCUMENT# P02000041125 1. Entity Name 06-11-2003 90059 046 ***150.00 REGAL INTERIOR DESIGN, CORP. Mailing Address Principal Place of Business ·9044 NW 28TH DR., #307 9044 NW 28TH DR., #307 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address 2930 FOREST HILLS BLVD 2930 FOREST HILLS BLVD Suite. Apt. #. etc. Suite Apt.#, etc, DO NOT WRITE IN THIS SPACE #108 #108 City & Stale City & Stale Applied For 4. FEI Number **CORAL SPRINGS, FL CORAL SPRINGS, FL** 37-1427210 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33065 33065 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VASQUES, MARCO A **CORAL SPRINGS, FL** Street Address (P 0. Box Number is Not Acceptable) 2930 FOREST HILLS BLVD #108 9044 NW 28TH DR., #307 **CORAL SPRINGS FL 33065** City Zip Code 33065 **CORAL SPRINGS** 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:Registere Agent signature required when reinstating) DATE FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change TITIF ☐ Delete TITLE Addition PD PD NAME VASQUES, MARCO A NAME VASQUES, MARCO A STREET ADDRESS 9044 NW 28TH DR., #307 STREET ADDRESS 2930 FOREST HILLS BLVD #108 CITY- ST- ZIP CORAL SPRINGS FL 33065 CORAL SPRINGS, FL 33065 Delete Change Addition TITI F TITLE NAME NAME STREET ADDRESS ATPEET ANNRES CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIF Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

MARCO A VASQUES-PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

13. 1 hereby certify that the information supplied with this filing afces not qualify for the exemption stated in Section 1 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

05/20/2003

(954) 755-4858

Daytime Phone #