

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90140 050 ***150.00

DOCUMENT # P02000104962

1. Entity Name
REGO-GONZALEZ, INC.



Principal Place of Business
**314 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34984**

Mailing Address
**314 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34984**

2. Principal Place of Business

3. Mailing Address

12200 Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stuart, FL

4. FEI Number

06-1650493

Applied For

Not Applicable

Zip

Country

Zip

Country

34994

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**REGO-GONZALEZ, KIMBERLY
314 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34984**

7. Name and Address of New Registered Agent

Name

Rego-Gonzalez, Kimberly
Street Address (P.O. Box Number is Not Acceptable)
12200 Florida Ave.

City

Stuart

FL

Zip Code

34994

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 **Kimberly Rego-Gonzalez**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

01-19-03

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

TITLE **DP** ☐ Delete
NAME **REGO-GONZALEZ, KIMBERLY**
STREET ADDRESS **314 SE PORT ST LUCIE BLVD**
CITY-ST-ZIP **PORT ST LUCIE FL 34984**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12200 Florida Avenue**
CITY-ST-ZIP **Stuart, Florida 34994**

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

TITLE ☐ Change ☐ Addition
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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

Kimberly Rego-Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-03

Date

Daytime Phone #

CR2E034 (10/02)