

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90289 001 ***150.00

DOCUMENT # P96000002651

1. Entity Name

REGAL FINANCIAL SERVICES, INC.

Principal Place of Business

**16 SEVILLA AVENUE
CORAL GABLES FL 33134-6117**

Mailing Address

**16 SEVILLA AVENUE
CORAL GABLES FL 33134-6117**

2. Principal Place of Business

4250 Ingraham Highway

Suite, Apt. #, etc.

3. Mailing Address

4250 Ingraham Highway

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0645420

Applied For

Not Applicable

Zip

33133-6718

Country

U.S.A.

Zip

33133-6718

Country

U.S.A.

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

**BLANCO, ALFREDO JR
16 SEVILLA AVENUE
CORAL GABLES FL 33134-6117**

Name **BLANCO, Alfredo, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

4250 Ingraham Highway

City

Miami

FL

Zip Code

33133-6718

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 **- PTD, Alfredo Blanco, Jr.**

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, 2001 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	PTD	<input type="checkbox"/> Delete
NAME	BLANCO, ALFREDO JR	
STREET ADDRESS	16 SEVILLA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134-6117	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLANCO, LIANA M	
STREET ADDRESS	4250 INGRAHAM HIGHWAY	
CITY-ST-ZIP	COCONUT GROVE FL 33133-6718	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, Alfredo Jr.	
STREET ADDRESS	4250 Ingraham Highway	
CITY-ST-ZIP	Miami, FL 33133-6718	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, Liana M.	
STREET ADDRESS	4250 Ingraham Highway	
CITY-ST-ZIP	Miami, FL 33133-6718	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Alfredo Blanco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfredo BLANCO, JR. - PTD - January 23, 2001 -

Date

Daytime Phone #

(305)666-9025

(305)666-6553

CR2E034 (10/00)