

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085083

1. Entity Name

REGINA KABEL SALES MANAGEMENT, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90080 022 ***150.00

Principal Place of Business

60 S.W. 5TH AVENUE
#8
BOCA RATON FL 33432
US

Mailing Address

60 S.W. 5TH AVENUE
#8
BOCA RATON FL 33432
US

2. Principal Place of Business

3. Mailing Address

same as above
Suite, Apt. #, etc.
" "

same as above
Suite, Apt. #, etc.
" "



DO NOT WRITE IN THIS SPACE

City & State Boca Raton FL City & State FL

Zip 33432 Country USA Zip 33432 Country USA

4. FEI Number **65-0710326** 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

KABEL, REGINA
60 S.W. 5TH AVENUE
BOCA RATON FL 33432

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.

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DPST KABEL, REGINA 60 S.W. 5TH AVENUE BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 (561) 368 4489
Date Daytime Phone #

CR2E034 (10/00)