

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000085083**

1. Entity Name
REGINA KABEL SALES MANAGEMENT, INC.



**FILED
Jan 27, 2003 8:00 am
Secretary of State**

01-27-2003 90554 039 ***150.00

0403010 AV

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

22878 GREENVIEW Tr

Suite, Apt. #, etc.

3. Mailing Address

22878 GREENVIEW Tr

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33433

Country
PALM BEACH

Zip
33433

Country
PALM BEACH

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

**KABEL, REGINA
22878 GREEVIEW TERRACE
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

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
PSTD
NAME
KABEL, REGINA
STREET ADDRESS
60 S.W. 5TH AVENUE
CITY-ST-ZIP
BOCA RATON FL 33432

Delete

TITLE
PSTD
NAME
KABEL, REGINA
STREET ADDRESS
22878 GREENVIEW Tr
CITY-ST-ZIP
BOCA RATON, FL 33433

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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CITY-ST-ZIP

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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 all other like empowered.

SIGNATURE: **SIGNATURE RECEIVED KABEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

**(S61)
368-4489**

Daytime Phone #

CR2E034 (10/02)