

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90221 002 ***150.00

DOCUMENT # P97000024730

1. Entity Name
REG CONSULTING CORPORATION



Principal Place of Business
**23420 MIRABELLA CIRCLE
BOCA RATON FL 33433-6128**

Mailing Address
**3034 NW 82ND AVE
MIAMI FL 33122-1042**

23001630



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0837276**

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

**GONZALEZ, RODOLFO E
199 OCEAN LANE DR.
#1012
KEY BISCAYNE FL 33149**

Name **Gonzalez, Rodolfo E**

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

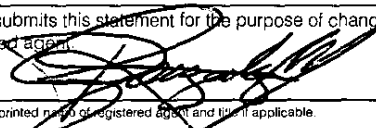
23420 Mirabella Circle

City **BOCA RATON**

FL

Zip Code **33433**

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)

01/16/03

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 **PSD**
NAME **GONZALEZ, RODOLFO E**
STREET ADDRESS **199 OCEAN LANE DRIVE, UNIT# 1012**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

☐ Delete

TITLE
NAME **GONZALEZ RODOLFO**
STREET ADDRESS **23420 Mirabella Circle**
CITY-ST-ZIP **BOCA RATON, FL 33433**

☒ Change ☐ Addition

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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 my address, with all other like corporations.

SIGNATURE:


REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/03 3057981654
Date Daytime Phone #

CR2E034 (10/02)