

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014388

1. Entity Name

REGRAFCO, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90102 024 ***150.00

Principal Place of Business

10791 NW 17TH ST.
PLANTATION FL 33322

Mailing Address

10791 NW 17TH ST.
PLANTATION FL 33322

2. Principal Place of Business

10791 NW 17th ST.

3. Mailing Address

10791 NW 17th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL.

City & State

PLANTATION FL.

4. FEI Number

65-0819612

Applied For

Not Applicable

Zip

Country

33322

Zip

Country

33322

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

RODRIGUEZ, HELY
10791 NW 17TH ST
PLANTATION FL 33322

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

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 D ☐ Delete
NAME RODRIGUEZ, HELY
STREET ADDRESS 140 S.W. 96TH TERRACE, #303
CITY-ST-ZIP PLANTATION FL 33324

TITLE VP ☐ Change ☒ Addition
NAME JUAN BASILVA
STREET ADDRESS 10791 NW 17th ST.
CITY-ST-ZIP PLANTATION FL 33322

TITLE D ☒ Delete
NAME RODRIGUEZ, PEDRO
STREET ADDRESS 140 S.W. 96TH TERRACE, #303
CITY-ST-ZIP PLANTATION FL 33324

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-01 954-473-4667

CR2E034 (10/00)