2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000094734** 1. Entity Name REGAL CONSULTING OF SOUTH FLORIDA, INC. Mailing Address Principal Place of Business 19286 DELAWARE STREET 19286 DELAWARE STREET **BOCA RATON FL 33434 BOCA RATON FL 33434-2624** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

FILE NOW!!! FEE IS \$150.00

12.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME STREET ADURESS

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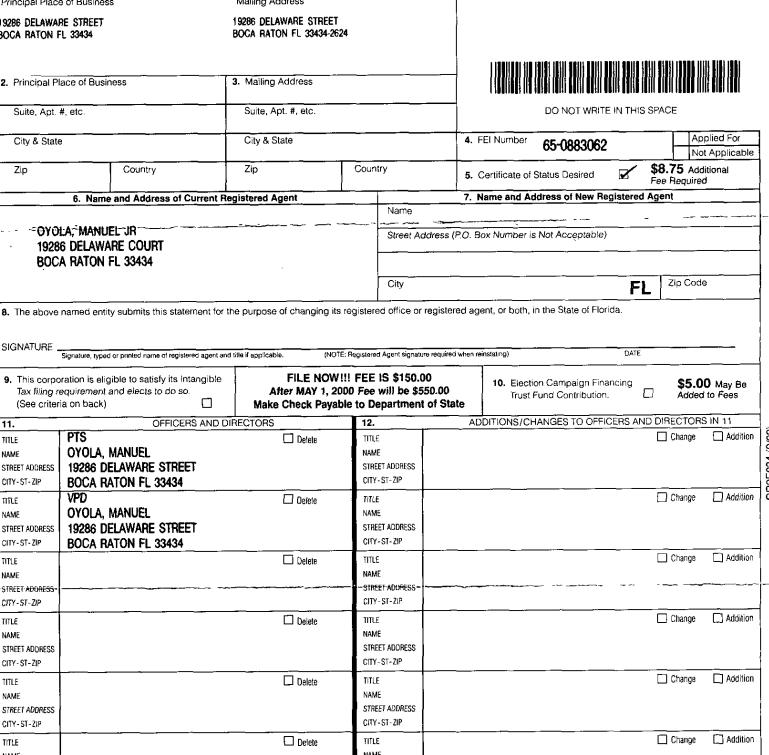
Name

City

Zip

FILED Mar 08, 2000 8:00 am Secretary of State

03-08-2000 90033 045 ***158.75



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: \(\sigma \)

City & State

-OYOLA: MANUEL JR

19286 DELAWARE COURT **BOCA RATON FL 33434**

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

OYOLA, MANUEL

OYOLA, MANUEL

19286 DELAWARE STREET

19286 DELAWARE STREET

BOCA RATON FL 33434

BOCA RATON FL 33434

(See criteria on back)

PTS

VPD

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPE ME OF SIGNING OFFICER OR DIRECTOR