

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705769

1. Entity Name

REGENCY HOUSE, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90012 019 ****61.25

Principal Place of Business 2829 N.E. 30TH STREET FORT. LAUDERDALE, FL 33306-1953	Mailing Address 2829 N.E. 30TH STREET FORT. LAUDERDALE, FL 33306-1962
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1159328	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FALCETTA, ELIZABETH 2829 NE 30TH ST FORT LAUDERDALE FL 33306	7. Name and Address of New Registered Agent Name Diana E. Pirich Street Address (P.O. Box Number is Not Acceptable) 2419 Middle River Drive City Fort Lauderdale FL 33305-2728
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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 *Diana E. Pirich, Sec/Treas.* **DIANA E. PIRICH** *4/20/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VARTANIAN, JANICE E. 2829 NE 30TH ST FT LAUDERDALE, FL 00000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Michael E. Pirich 2419 Middle River Drive Fort Lauderdale FL 33305-2728 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV IAMMATTEO, JACK 2829 NE 30TH ST FT LAUDERDALE, FL 00000 <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	SD PIRICH, DIANA E 2419 MIDDLE RIVER DR FT LAUDERDALE FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GABRIELLI, EDUARDO 2829 NE 30TH ST FORT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Asst. Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIRICH, MICHAEL E 2419 MIDDLE RIVER DR FT. LAUDERDALE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Assistant Secretary Alfreda Donahue 2829 N.E. 30th St. #204 Fort Lauderdale FL 33306 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FALCETTA, ELIZABETH 2829 NE 30TH ST FT LAUDERDALE FL 33306 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diana E. Pirich* **DIANA E. PIRICH**, Secretary/Treasurer *4/20/00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)