2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2002 8:00 am Secretary of State **DOCUMENT # 705769** 1. Entity Name REGENCY HOUSE, INC. 04-23-2002 90437 019 ****61 25 Principal Place of Business Mailing Address 2829 N.E. 30TH STREET 2829 N.E. 30TH STREET FORT. LAUDERDALE FL 33306-1953 FORT. LAUDERDALE FL 33306-1953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-1159328 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PIRICH, DIANA E 2419 MIDDLE RIVER DRIVE FORT LAUDERDALE FL 33305-2728 City 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITI F ☐ Change ☐ Addition PIRICH, MICHAEL E NAME NAME 2419 MIDDLE RIVER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33305-2728 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition IAMMATTEO, JACK NAME STREET ADDRESS 2829 NE 30TH ST STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP DST=---Change ☐ Addition Delete PIRICH, DIANA E NAME STREET ADDRESS 2419 MIDDLE RIVER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33305

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 itrue 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.

CITY-ST-ZIP

TITLE

NAME

TITI F

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DAS

Deborah Mansour

Ft. Lauderdale FL

CITY-ST-ZiP

SIGNATURE:

DAT

DAS

GABRIELLI, EDUARDO

FORT LAUDERDALE FL

MITCHELL, LAWRENCE C

FORT LAUDERDALE FL 33306

2829 NE 30TH ST #306

2829 NE 30TH ST

TITLE

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SON STATE DE OSCIPETARY/Treasurer
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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☐ Delete

2/27/02

N. E. 30th Street #303

9*5*4-*5*66-9*5*39

Daytime Phone #

☐ Change

Change

☐ Change

☐ Addition

☐ Addition

■ Addition