

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L57331**

1. Entity Name

**603 VILLA REGINA, INC.**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90794 004 \*\*\*150.00

Principal Place of Business	Mailing Address
<b>440 ROYAL PALM WAY SUITE 200 PALM BEACH FL 33480 US</b>	<b>C O L FRANK CHOPIN 440 RYL PLM WAY SUITE 200 PALM BEACH FL 33480 US</b>



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
<b>505 S. Flagler Drive</b>	<b>505 S. Flagler Drive</b>

Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>Suite 300</b>	<b>Suite 300</b>

City & State	City & State
<b>West Palm Beach, FL</b>	<b>West Palm Beach, FL</b>

4. FEI Number	<b>65-0192335</b>	Applied For
		Not Applicable

Zip	Country	Zip	Country
<b>33401</b>	<b>USA</b>	<b>33401</b>	<b>USA</b>

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent								
<b>CHOPIN, L FRANK 440 ROYAL PALM WAY STE 200 PALM BEACH FL 33480</b>	<table border="0"> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td><b>505 S. Flagler Drive, Suite 300</b></td> </tr> <tr> <td>City</td> <td><b>West Palm Beach FL</b></td> </tr> <tr> <td>Zip Code</td> <td><b>33401</b></td> </tr> </table>	Name		Street Address (P.O. Box Number is Not Acceptable)	<b>505 S. Flagler Drive, Suite 300</b>	City	<b>West Palm Beach FL</b>	Zip Code	<b>33401</b>
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Street Address (P.O. Box Number is Not Acceptable)	<b>505 S. Flagler Drive, Suite 300</b>								
City	<b>West Palm Beach FL</b>								
Zip Code	<b>33401</b>								

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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 for another like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

(561) 655-9500

Date

Daytime Phone #

CR2E034 (9/99)