

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001734

1. Entity Name

REGENCY HALL CONDOMINIUM APARTMENTS, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90024 030 ****61.25

Principal Place of Business

1155-97 ST.
BAY HARBOR ISLAND FL 33154
US

Mailing Address

1155-97 ST.
BAY HARBOR ISLAND FL 33154
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1280525

Applied For

Not Applicable

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

SWEET, ROBERT

1155-97 ST.

UNIT 203

BAY HARBOR ISLAND FL 33154

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 PD ☐ Delete
NAME SWEET, ROBERT
STREET ADDRESS 1155-97 ST, UNIT 203
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

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

TITLE VD ☐ Delete
NAME GOLD, MAXINE
STREET ADDRESS 1155-97 ST, UNIT 201
CITY-ST-ZIP MIAMI FL 33154

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

TITLE SD ☐ Delete
NAME ANDRADE, JOSE
STREET ADDRESS 1155-97 ST, UNIT 503
CITY-ST-ZIP MIAMI FL 33154

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

TITLE TD ☐ Delete
NAME MERINO-ANDRADE, ANGELICA
STREET ADDRESS 1155-97 ST, UNIT 403
CITY-ST-ZIP MIAMI FL 33154

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

TITLE D ☐ Delete
NAME ISRAEL, NEUSA
STREET ADDRESS 1155-97 ST, UNIT 501
CITY-ST-ZIP MIAMI FL 33154

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-11-2000

305-8678795

CR2E037 (5/00)