

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A990000000333**

1. Entity Name

**REGENCY INDUSTRIAL PARK, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 13 AM 11:08

Principal Place of Business

**5455 N. FEDERAL HIGHWAY, SUITE # I  
BOCA RATON FL 33487**

Mailing Address

**5455 N. FEDERAL HIGHWAY, SUITE # I  
BOCA RATON FL 33487-4963**



DO NOT WRITE IN THIS SPACE

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

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

**REINHARD, SANFORD N P.A.  
2875 N.E. 191ST STREET, SUITE 404  
AVENTURA FL 33180**

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

9. Capital Contributions  
as Shown on record.

**\$257,836.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000043661**  
NAME **TAHS VENTURES, INC.**  
STREET ADDRESS **5455 N. FEDERAL HIGHWAY, SUITE # I**  
CITY - ST - ZIP **BOCA RATON FL 33487**

STREET ADDRESS

CITY - ST - ZIP

*rf 3/21/00*

DOCUMENT #  
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**9000003180829-9**  
**03/22/00 01114 010**  
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14. 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 is true and correct and that my signature has the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**HAROLD A. SMITH PRES.**  
*Harold A. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/8/00**  
Date

**561/994-6251**  
Daytime Phone #

CR2E003 (9/99)