

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F75005

1. Entity Name

M & S OF REGENCY, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90058 035 ***150.00

Principal Place of Business 9720 ATLANTIC BLVD. JACKSONVILLE FL 32225-8223	Mailing Address 9720 ATLANTIC BLVD. JACKSONVILLE FL 32225-8223
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		59-2172692		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	
AKEL, EDWARD C. 2301 INDEPENDENT SQ., ONE INDEPENDENT DR. JACKSONVILLE FL 32202		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 _____ (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) ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SALAMEH, SAMIR E 9720 ATLANTIC BLVD JACKSONVILLE, FL 00000 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELIAS S SALAMEH 9720 ATLANTIC BLVD JAX FL 32225 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAMEH, MUNIR E 9720 ATLANTIC BLVD JACKSONVILLE, FL 00000 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUAD S SALAMEH 9720 ATLANTIC BLVD JAX FL 32225 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-2000 904-721-2660

CR2F034 (9/99)