

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J08178****1. Entity Name**
REGENT BANK**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90072 001 ***600.00

Principal Place of Business**Mailing Address****2205 S. UNIVERSITY DR**
DAVIE FL 33324**2205 S. UNIVERSITY DR**
DAVIE FL 33324**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 59-2608698

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**

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. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete
NAME **CERRA, JEAN G**
STREET ADDRESS **11300 NE 2ND AVE**
CITY-ST-ZIP **MIAMI SHORES FL****TITLE** **D** ☐ Change ☒ Addition
NAME **CSAPO, JOHN C.**
STREET ADDRESS **150 E. PALMETTO PARK RD**
CITY-ST-ZIP **BOCA RATON, FL. 33432****TITLE** **PDC** ☐ Delete
NAME **SPIRO, CYRIL S**
STREET ADDRESS **8985 SW 6TH CT**
CITY-ST-ZIP **PLANTATION FL****TITLE** **D** ☐ Change ☒ Addition
NAME **ROSENBAUM, IRVING**
STREET ADDRESS **3200 S. UNIVERSITY DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33328****TITLE** **D** ☐ Delete
NAME **GERBER, ABRAHAM**
STREET ADDRESS **3674 DIJON WAY**
CITY-ST-ZIP **PALM BCH GDNS FL****TITLE** **D** ☐ Change ☒ Addition
NAME **HILL, OLIN M.**
STREET ADDRESS **17632 FIELDBROOK CIRCLE N.**
CITY-ST-ZIP **BOCA RATON, FL. 33496****TITLE** **D** ☐ Delete
NAME **GRIFFIN, ALFRED D**
STREET ADDRESS **6211 S.W. 45TH ST.**
CITY-ST-ZIP **DAVIE FL****TITLE** **D** ☐ Change ☒ Addition
NAME **WEBBER, BARRY**
STREET ADDRESS **4430 SW 64TH AVENUE**
CITY-ST-ZIP **DAVIE, FL 33314****TITLE** **D** ☐ Delete
NAME **CAPORELLA, THOMASINA**
STREET ADDRESS **160 S UNIVERSITY DR, STE C**
CITY-ST-ZIP **PLANTATION FL****TITLE** **PDC** ☒ Change ☐ Addition
NAME **SPIRO, CYRIL S**
STREET ADDRESS **2205 S UNIVERSITY DR**
CITY-ST-ZIP **DAVIE FL 33324****TITLE** **D** ☐ Delete
NAME **TOWN, GEORGE D JR**
STREET ADDRESS **3250 STIRLING RD.**
CITY-ST-ZIP **HOLLYWOOD FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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:**

CYRIL S. SPIRO

04/05/01

(954) 474-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)