

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90111 012 ***150.00

DOCUMENT # J08178

1. Entity Name

REGENT BANK



Principal Place of Business

2205 S. UNIVERSITY DR
DAVIE FL 33324

Mailing Address

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

1st MOORE

CR2E034 (10/05)

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 JOHN C. CRAPO
STREET ADDRESS 1601 FORUM PLACE, SUITE 805
CITY-ST-ZIP WEST PALM BEACH, FL. 33401

TITLE D ☐ Delete
NAME CAPORELLA, THOMASINA
STREET ADDRESS 160 S. UNIVERSITY DR. STE C
CITY-ST-ZIP PLANTATION FL

TITLE D ☐ Change ☒ Addition
NAME OLIN HILL
STREET ADDRESS 17632 FIELD BLOOM CIRCLE N.
CITY-ST-ZIP BOCA RATON, FL. 33496

TITLE D ☒ Delete
NAME GERBER, ABRAHAM
STREET ADDRESS 4430 SW 64TH AVENUE
CITY-ST-ZIP DAVIE FL 33314

TITLE D ☐ Change ☒ Addition
NAME IRVING ROSENBAUM
STREET ADDRESS 3200 S. UNIVERSITY DR.
CITY-ST-ZIP FORT LAUDERDALE, FL 33328

TITLE D ☐ Delete
NAME GRIFFIN, ALFRED D
STREET ADDRESS 6211 S.W. 45TH ST.
CITY-ST-ZIP DAVIE FL

TITLE D ☐ Change ☒ Addition
NAME BARRY WEBBER
STREET ADDRESS 4430 SW 64TH AVENUE
CITY-ST-ZIP DAVIE, FL. 33314

TITLE PDC ☐ Delete
NAME SPIRO, CYRIL S
STREET ADDRESS 712 SOLAR ISLE DR
CITY-ST-ZIP FORT LAUDERDALE FL

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cyril S. Spiro 1/29/06 954-474-5000