FILED

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

J08178



Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90604 001 ***600.00 1. Entity Name REGENT BANK Principal Place of Business Mailing Address 2205 S. UNIVERSITY DR 2205 S. UNIVERSITY DR DAVIE FL 33324 DAVIE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2608698 Not Applicable ZipCountry Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Street Address (P.O. Box Number is Not Acceptable) City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE ☐ Change X Addition TITLE D CERRA, JEAN G NAME NAME CAPORELLA, THOMASINA STREET ADDRESS 11300 NE 2ND AVE STREET ADDRESS 160 S UNIVERSITY DR, STE C MIAMI SHORES FL CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL Delete Change TITLE X Addition TITLE PDC SPIRO, CYRIL S NAME NAME CSAPO, JOHN C. STREET ADDRESS 8985 SW 6TH CT STREET ADDRESS 150 É PALMETTO PARK RD BOCA RATON, FL CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP TITLE Change X Addition TITLE ☐ Delete ROSENBAUM, IRVING 3200 S UNIVERSITY DR NAME GERBER, ABRAHAM NAME STREET ADDRESS 3674 DIJON WAY STREET ADDRESS FORT LAUDERDALE, FL CITY-ST-ZIP CITY-ST-ZIP PALM BCH GDNS FL □ Change X Addition ☐ Delete TITLE TITLE HILL, OLIN M. GRIFFIN, ALFRED D NAME NAME 17632 FIELDBROOK CIRCLE N. STREET ADDRESS 6211 S.W. 45TH ST. STREET ADDRESS BOCA RATON, FL CITY-ST-ZIP DAVIE FL CITY-ST-ZIP PDC Change X Addition TITLE ☐ Delete TITLE NAME SPIRO, CYRIL S NAME WEBBER BARRY 4430 SÉ 64TH AVENUE STREET ADDRESS 712 SOLAR ISLE DR STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-ZIP DAVIE, FL ☐ Addition Delete ☐ Change TITLE TITLE TOWN, GEORGE D JR NAME NAME STREET ADDRESS 3250 STIRLING RD. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 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 supplier fital 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 odd ess. With all given like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECURRETII S. Spiro

(954)474-5000

Daytime Phone #