2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
04-18-2001 90072 001 ***600.00

DOCUMENT # P00000013612

1. Entity Name
REGENT BANCORP, INC.

Principal Place of Business	Mailing Address
2205 S UNIVERSITY DR DAVIE FL 33324	2205 S UNIVERSITY DR DAVIE FL 33324

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 65-10599-28 ☐ 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
SPIRO, CYRIL S 2205 S UNIVERSITY DR DAVIE FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CP SPIRO, CYRIL S 2205 S UNIVERSITY DR DAVIE FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CSAPO, JOHN C. 150 E PALMETTO PARK RD BOCA RATON FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CERRA, JEAN G 11300 NE 2ND AVE MIAMI SHORES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSENBAUM, IRVING 3200 S UNIVERSITY DR FORT LAUDERDALE FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERBER, ABRAHAM 3674 DIJON WAY PALM BCH GDNS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, OLIN M. 17632 FIELDBROOK CIRCLE N. BOCA RATON, FL 33496	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, ALFRED D 6211 SW 45TH ST. DAVIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBBER, BARRY 4430 SW 64TH AVENUE DAVIE FL 3314	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPORELLA, THOMASINA 160 S UNIVERSITY DR, STE C PLANTATION FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOWN, GEORGE D JR 3250 STIRLING RD. HOLLYWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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 #