

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90149 001 ***600.00

DOCUMENT # P00000013612

1. Entity Name
REGENT BANCORP, INC.

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.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1059928** 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 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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SPIRO, CYRIL S**
 CITY-ST-ZIP **2205 S UNIVERSITY DR**
DAVIE FL 33324

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **CSAPO, JOHN C.**
 CITY-ST-ZIP **150 E PALMETTO PARK RD**
BOCA RATON FL

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CERRA, JEAN G**
 CITY-ST-ZIP **11300 NE 2ND AVE**
MIAMI SHORES FL

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GERBER, ABRAHAM**
 CITY-ST-ZIP **3674 DIJON WAY**
PALM BCH GDNS FL

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **HILL, OLIN M.**
 CITY-ST-ZIP **17632 FIELDBROOK CIRCLE N.**
BOCA RATON, FL

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GRIFFIN, ALFRED D**
 CITY-ST-ZIP **6211 SW 45TH ST**
DAVIE FL

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

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

TITLE ☒ Change ☐ Addition
 NAME **DPC**
 STREET ADDRESS **SPIRO, CYRIL S**
 CITY-ST-ZIP **2205 S UNIVERSITY DR**
DAVIE, FL 33324

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TOWN, GEORGE D JR**
 CITY-ST-ZIP **3250 STIRLING RD**
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 reports 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** 04/19/02 (954) 474-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)