

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000013612

1. Entity Name
REGENT BANCORP, INC.



Principal Place of Business
**2205 S UNIVERSITY DR
DAVIE, FL 33324**

Mailing Address
**2205 S UNIVERSITY DR
DAVIE, FL 33324**

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

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

**SPIRO, CYRIL S
2205 S UNIVERSITY DR
DAVIE, FL 33324**

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IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CAPORELLA, THOMASINA
STREET ADDRESS 160 UNIVERSITY DR. STE.C
CITY-ST-ZIP PLANTATION, FL 33324

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

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

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

TITLE DCP
NAME SPIRO, CYRIL S
STREET ADDRESS 2205 S UNIVERSITY DR
CITY-ST-ZIP DAVIE, FL 33324

TITLE D
NAME TOWN, GEORGE D JR
STREET ADDRESS 3250 STIRLING RD
CITY-ST-ZIP HOLLYWOOD, FL

U000000056813
02/19/04-80634-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYRIL S. SPIRO, CHAIRMAN & PRESIDENT 2/9/04 954-474-5000

Date

Daytime Phone #