

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-27-2006 90111 013 \*\*\*150.00

**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



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

1st MOORE

CR2E034 (10/05)

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. 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CAPORELLA, THOMASINA	
STREET ADDRESS	160 UNIVERSITY DR. STE.C	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	CERRA, JEAN G	
STREET ADDRESS	11300 NE 2ND AVE	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBBER, BARRY S	
STREET ADDRESS	4430 SW 64TH AVENUE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, ALFRED D	
STREET ADDRESS	6211 SW 45TH ST	
CITY-ST-ZIP	DAVIE FL	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	SPIRO, CYRIL S	
STREET ADDRESS	2205 S UNIVERSITY DR	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOWN, GEORGE D JR	
STREET ADDRESS	3250 STIRLING RD--	
CITY-ST-ZIP	HOLLYWOOD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN C. CSAPO	
STREET ADDRESS	1601 FORUM PLACE, SUITE 805	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIN HILL	
STREET ADDRESS	17632 FIELDBROOK CIRCLE, N.	
CITY-ST-ZIP	BOLAKATON, FL. 33496	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRVING ROSENBAUM	
STREET ADDRESS	3200 S. UNIVERSITY DR.	
CITY-ST-ZIP	FORT LAUDERDALE, FL. 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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