

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90008 018 \*\*\*150.00

**C0003433**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00000022113****1. Entity Name**  
**REGAL GROUP, INC.****Principal Place of Business**  
**4800 S.W. 51ST STREET**  
**SUITE 106**  
**DAVIE FL 33314****Mailing Address**  
**4800 S.W. 51ST STREET**  
**SUITE 106**  
**DAVIE FL 33314****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**  
**65-0986961**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****SCHWARTZ, CLAIRE**  
**4800 S.W. 51ST STREET**  
**SUITE 106**  
**DAVIE FL 33314****7. Name and Address of New Registered Agent**

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SCHWARTZ, SAMUEL	4800 S.W. 51ST STREET	DAVIE FL 33314	<input type="checkbox"/>
SD	CLAIRE, SAMUEL	4800 S.W. 51ST STREET	DAVIE FL 33314	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
		4800 S.W. 51st STREET, SUITE 106		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SCHWARTZ, CLAIRE	4800 S.W. 51st STREET, SUITE 106		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SAMUEL SCHWARTZ, PRESIDENT** **01/04/01** **954-792-3200**

Date

Daytime Phone #

CR2E034 (10/00)