

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90105 009 ***150.00

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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

9999 Collins Avenue

Suite, Apt. #, etc.

9 F

3. Mailing Address

9999 Collins Avenue

Suite, Apt. #, etc.

9 F



DO NOT WRITE IN THIS SPACE

City & State

Bal Harbour FL

City & State

Bal Harbour FL

4. FEI Number

65-0986961

Applied For

Not Applicable

Zip

33154

Country

U.S.A.

Zip

33154

Country

U.S.A.

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

**9999 Collins Avenue
Suite 9 F**

City

Bal Harbour

FL

Zip Code

33154

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

TITLE **PD** ☐ Delete
NAME **SCHWARTZ, SAMUEL**
STREET ADDRESS **4800 S.W. 51ST STREET, SUITE 106**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **SD** ☐ Delete
NAME **SCHWARTZ, CLAIRE**
STREET ADDRESS **4800 S.W. 51ST STREET, SUITE 106**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9999 Collins Avenue, Suite 9 F**
CITY-ST-ZIP **Bal Harbour FL 33154**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9999 Collins Avenue, Suite 9 F**
CITY-ST-ZIP **Bal Harbour FL 33154**

TITLE ☐ Change ☐ Addition
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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 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 recorder 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 FILING OFFICER OR DIRECTOR

Jan 22, 2002

Date

Daytime Phone #

CR2E034 (9/01)