

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90013 013 ***150.00

DOCUMENT # P00000048361

1. Entity Name
REGNUM GROUP, INC.

Principal Place of Business

**1020 NW 163RD DR
MIAMI FL 33169**

Mailing Address

**1020 NW 163RD DR
MIAMI FL 33169**

2. Principal Place of Business

8181 NW 36 ST.

3. Mailing Address

8181 NW 36 ST.

Suite, Apt. #, etc.

SUITE # 4

Suite, Apt. #, etc.

SUITE # 4

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33166

Country

DADE

Zip

33166

Country

DADE

4. FEI Number

65-1007821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KENNETH JACOBI & ASSOCIATES
1020 NW 163RD DR
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name
KENNETH JACOBI & ASSOCIATES
Street Address (P.O. Box Number is Not Acceptable)
**8181 NW 36 STREET
SUITE #4**
City **MIAMI** FL Zip Code **33166**

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

1-9-02

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 **D** ☐ Delete
NAME **JACOBI, KENNETH**
STREET ADDRESS **1020 NW 163RD DR**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ Delete
NAME **MALDONADO, EDWARD A**
STREET ADDRESS **1020 NW 163RD DR**
CITY-ST-ZIP **MIAMI FL 33169**

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 **D** ☒ Change ☐ Addition
NAME **JACOBI, KENNETH**
STREET ADDRESS **8181 NW 36 St. - SUITE #4**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☒ Change ☐ Addition
NAME **MALDONADO, EDWARD A.**
STREET ADDRESS **8181 NW 36 St. - SUITE #4**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02 305-468-1645

Date

Daytime Phone #

CR2E034 (9/01)