

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

02 OCT 23 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000048361**

1. Entity Name

REGNUM GROUP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8181 NW 36TH STREET

3. Mailing Address
8181 NW 36TH STREET

Suite, Apt. #, etc.
SUITE 4

Suite, Apt. #, etc.
SUITE 4

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number
651007821

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LAW OFFICE OF EDWARD A. MALDONADO, P.A.

Street Address (P.O. Box Number Not Acceptable)

8181 NW 36TH 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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
P/D
Edward Maldonado
STREET ADDRESS
8181 NW 36th Street, Suite 4 Miami FL 33166
CITY-ST-ZIP

TITLE
NAME
100008546861
STREET ADDRESS
10/23/02--01057--009 **61.25
CITY-ST-ZIP

TITLE
NAME
S/D
Matthew Schulman
STREET ADDRESS
8181 NW 36th Street, Suite 4 Miami FL 33166
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
D
Kenneth Jacobi
STREET ADDRESS
8181 NW 36th Street, Suite 4 Miami FL 33166
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

10/25

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Maldonado - President

Date

Daytime Phone #

10/01/2002 (505) 468-1645

CR2E034B (12/01)