

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90011 045 \*\*\*150.00

DOCUMENT # 001000067570

1. Entity Name

REGAS REALTY, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2701 W. OAKLAND PK BLVD

3. Mailing Address

800 CYPRESS GROVE DR

Suite, Apt. #, etc.

S-102

Suite, Apt. #, etc.

S-410

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE FL

City & State

POMPANO BEACH FL

4. FEI Number

65-0992058

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33069

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Michael G. REGAS**

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

800 Cypress Grove Dr.

S-410

City

Pompano Beach

FL

Zip Code

33069

**DO NOT WRITE  
IN THIS SPACE**

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)



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  
STREET ADDRESS  
CITY-ST-ZIP

PRESIDENT  
MICHAEL G. REGAS  
800 CYPRESS GROVE DR. S-410  
POMPANO BEACH FL 33069

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/30/02 954-484-3553

Date

Daytime Phone #

CR2E034B (12/01)