

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90712 001 ***300.00

DOCUMENT # P01000067570

1. Entity Name
REGAS REALTY, INC.



Principal Place of Business **5300 NW 12 AVE**
~~2701 W OAKLAND PARK BLVD~~
~~S-102~~
FORT LAUDERDALE, FL 33311-33309

Mailing Address
800 CYPRESS GROVE DR
S-410
POMPANO BEACH, FL 33069

55031276



2. Principal Place of Business
5300 NW 12 AVE
Suite, Apt. #, etc.
S-12

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale FL
Zip
33309 Country
Forward

City & State

Zip

Country

4. FEI Number
65-0992058

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REGAS, MICHAEL
800 CYPRESS GROVE DR
S-410
POMPANO BEACH, FL 33069

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when administering)

DATE

11 Mar 03

FILE NUMBER: P01000067570
FEI NUMBER: 65-0992058
Make check payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	REGAS, MICHAEL G	
STREET ADDRESS	800 CYPRESS GROVE DR, SUITE #410	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Regas**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Mar 03 954-771-6950
Date Daytime Phone #

CFR2E034 (10/02)