

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90119 037 ***150.00

DOCUMENT # P02000100329

1. Entity Name
REGAL MANAGEMENT INCORPORATED



Principal Place of Business
**7665 QUIDA DRIVE
WEST PALM BEACH FL 33411**

Mailing Address
**7665 QUIDA DRIVE
WEST PALM BEACH FL 33411**



2. Principal Place of Business

**2000 N. Florida Mango Rd
Suite 200
West Palm Beach FL**

3. Mailing Address

**7665 QUIDA DR
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach FL

City & State
West Palm Beach FL

4. FEI Number
13-4213843

Applied For
Not Applicable

Zip
33409

Country
Palm Beach

Zip
33411

Country
Palm Beach

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **RONALD A. FRANO**
Street Address (P.O. Box Number is Not Acceptable)
7665 QUIDA DR
City **West Palm Beach** FL Zip Code **33411**

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

(NOTE: Registered Agent signature required when reinstating)

DATE
1/6/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PTD** ☐ Delete
NAME **FRANO, RONALD A**
STREET ADDRESS **7665 QUIDA DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **VSD** ☐ Delete
NAME **FRANO, LINDA**
STREET ADDRESS **7665 QUIDA DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

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
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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 607, 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)