


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91833 010 ***150.00

DOCUMENT # P02000100687	
1. Entity Name REGENCY VENTURES GROUP, INC	

DO NOT WRITE IN THIS SPACE

90130240

2. Principal Place of Business 142 LOST BRIDGE DR Suite, Apt. #, etc.	3. Mailing Address 142 LOST BRIDGE DR Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State PALM BEACH GARDENS, FL	City & State PALM BEACH GARDENS, FL	4. FEI Number 27-0030935	Applied For <input type="checkbox"/> Not Applicable
Zip 33410	Country USA	Zip 33410	Country USA

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

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name BERNARD T. MATOS	
	Street Address (P.O. Box Number is Not Acceptable) 142 LOST BRIDGE DR	
	City PALM BEACH GARDENS	FL Zip Code 33410

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 BERNARD T. MATOS 4/28/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
	BERNARD MATOS, PRESIDENT	142 LOST BRIDGE DR	PALM BEACH GARDENS, FL 33410
	BERNARD MATOS, VP	142 LOST BRIDGE DR	PALM BEACH GARDENS, FL 33410
	BERNARD MATOS, SECRETARY	142 LOST BRIDGE DR	PALM BEACH GARDENS, FL 33410
	BERNARD MATOS, TREASURER	142 LOST BRIDGE DR	PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date Daytime Phone #

CR2E034B (12/02)