

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90319 021 \*\*\*158.75

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DOCUMENT # P02000118324

1. Entity Name  
REGENT TRADING GROUP, INC.



Principal Place of Business  
1800 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

Mailing Address  
1800 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020



2. Principal Place of Business  
417 N.E. 2ND AVE

3. Mailing Address  
POST OFFICE BOX

Suite, Apt. #, etc.  
SUITE #2

Suite, Apt. #, etc.  
3356

☒ CHECK HERE IF MAKING CHANGES

City & State  
HALLANDALE FLORIDA

City & State  
HALLANDALE FLORIDA

4. FEI Number  
3651-16-1868

Applied For  
Not Applicable

Zip  
33009

Country  
BROWARD

Zip  
33008-3356

Country  
BROWARD

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDMAN, CHARLES J.P.A.  
601 S. FEDERAL HIGHWAY  
HOLLYWOOD FL 33020

Name  
JAMES N. ROBERTSON  
Street Address (If Box Number is Not Applicable)  
215 S.E. 3RD AVE  
APT 307D  
City  
HALLANDALE FL Zip Code  
33009

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 JAMES N. ROBERTSON - PRESIDENT  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE  
4/28/03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROBERTSON, JAMES  
215 S E 3RD AVENUE APT. 307D  
HALLANDALE FL 33009 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: JAMES N. ROBERTSON - PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
4/28/03  
Daytime Phone #  
954-458-4711

CR2E034 (10/02)