FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 APR 21 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000014465 (7)**

1. Corporation Name

SUBIES REGENCY, INC.

Principal Place of Business	Mailing Address
101 MONUMENT RD JACKSONVILLE FL 32211 US	413 POINCIANA DRIVE HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/19/1993**

3a. Date of Last Report: **03/31/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29

Country — 25 / 30

4. FEI Number: **65-0395719** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BARTSOCAS, KIKI
1451 W CYPRESS CREEK RD
STE 300
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

91 Name: BARTSOCAS, KIKI

92 Street Address (P.O. Box Number is Not Acceptable): 3600 W. COMMERCIAL BLVD

93: SUITE 314

94 City: FT. LAUDERDALE FL 95 Zip Code: 33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ KIKI BARTSOCAS 4/20/95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	11 TITLE		☐ Change ☐ Addition
NAME	BARTSOCAS, KIKI	12 NAME		
STREET ADDRESS	413 POINCIANA DR	13 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	GUSBARTSOCAS	22 NAME		
STREET ADDRESS	413 POINCIANA DR	23 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	BARTSOCAS, PERRY	32 NAME		
STREET ADDRESS	3384 BAYMEADOWS RD #11B	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	M	☐ Change ☒ Addition
NAME		42 NAME	BARRY LEVINE	
STREET ADDRESS		43 STREET ADDRESS	101 MONUMENT RD	
CITY-ST-ZIP		44 CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ KIKI BARTSOCAS 4/20/95 (305)485-5110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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