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Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000014465 (7)

1. Corporation Name  
SUBIES REGENCY, INC.



Principal Place of Business

101 MONUMENT RD  
JACKSONVILLE FL 32211  
US

Mailing Address

3600 W COMMERCIAL  
SUITE #214  
FT LAUDERDALE FL 33309-3324  
US

3. Date Incorporated or Qualified  
02/19/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 501 GOLDEN ISLES DR

27 Suite, Apt. #, etc.

27 #206 C

28 City & State

28 HALLANDALE FL

29 Zip

29 33009

30 Country

30 USA

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

8. 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  
3600 W. COMMERCIAL BLVD.  
SUITE 214  
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

501 GOLDEN ISLES DR #206 C.

83

HALLANDALE FL

84 City

FL

85 Zip Code

33009

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST  
NAME BARTSOCAS, KIKI  
STREET ADDRESS 413 POINCIANA DR  
CITY-ST-ZIP HALLANDALE FL

TITLE PD  
NAME BARTSOCAS, GUS  
STREET ADDRESS 413 POINCIANA DR  
CITY-ST-ZIP HALLANDALE FL

TITLE VD  
NAME BARTSOCAS, PERRY  
STREET ADDRESS 3384 BAYMEADOWS RD #11B  
CITY-ST-ZIP JACKSONVILLE FL

TITLE M  
NAME LEVINE, BARRY  
STREET ADDRESS 101 MONUMENT RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DV  
NAME BARTSOCAS, JOHN  
STREET ADDRESS 8355 BAYMEADOWS RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplement 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

3/27/97 204.747.0818

CR2E034 (9/96)