

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90025 027 ***150.00

0123676

DOCUMENT # P93000014465

1. Corporation Name
SUBIES REGENCY, INC.

Principal Place of Business

101 MONUMENT RD
JACKSONVILLE FL 32211
US

Mailing Address

501 GOLDEN ISLES DR
206C
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1993

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 410 E. HALLANDALE

Suite, Apt. #, etc.

27 #201

28 City & State

HALLANDALE FL

29 Zip

33009

30 Country

USA

9. Name and Address of Current Registered Agent

BARTSOCAS, KIKI
501 GOLDEN ISLES DR
206C
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

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

410 E. HALLANDALE

83

84 City

HALLANDALE

FL

85 Zip Code

33009

14. 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 ☐ DELETE

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

TITLE PD ☐ DELETE

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

TITLE VD ☐ DELETE

NAME BARTSOCAS, PERRY
STREET ADDRESS 101 MONUMENT RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE M ☒ DELETE

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

TITLE DV ☐ DELETE

NAME BARTSOCAS, JOHN
STREET ADDRESS 101 MONUMENT RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

Date

954-456-3131

Daytime Phone #

CR2E034 (11/98)