

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014465 ✓

1. Entity Name

SUBIES REGENCY, INC

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90349 001 ***300.00

- 12705

Principal Place of Business

Mailing Address

410 E. HALLANDALE #201
 HALLANDALE, FL 33009

2. Principal Place of Business

410 E. HALLANDALE

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 HALLANDALE FL

City & State

4. FEI Number

65-0395719

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

Country

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

KIKI BARTSOCA
 410 E. HALLANDALE #201
 HALLANDALE FL 33009

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

KIKI BARTSOCA

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DST	<input type="checkbox"/> Delete
NAME	KIKI BARTSOCA	
STREET ADDRESS	410 E HALLANDALE #201	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GUS BARTSOCA	
STREET ADDRESS	410 E. HALLANDALE #201	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PERRY BARTSOCA	
STREET ADDRESS	Same as above	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	JOAN Bartocas	
STREET ADDRESS	Same as above	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kiki Bartocas

Date

Daytime Phone #

4/24/00 (952)
 4156-3131

CR2E034 (9/99)