

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90303 001 ***300.00

DOCUMENT # P93000014465
Entity Name: SUBIES REGENCY INC

Principal Place of Business 410 E. HALLANDALE #201
Mailing Address HALLANDALE, FL 33009

73716

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3. Mailing Address
1. Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Country Country

4. FEI Number 65-0395719
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 KIKI BARTSOCA
 410 E. HALLANDALE #201
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent
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. (NOTE: Registered Agent signature required when reinstating) **DATE**

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

FILE NOW!!!
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE DP GUS BARTSOCA 410 E. HALLANDALE #201 HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE DV JOHN BARTSOCA 410 E. HALLANDALE #201 HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE [Blank]	<input type="checkbox"/> Delete
TITLE [Blank]	<input type="checkbox"/> Delete
TITLE [Blank]	<input type="checkbox"/> Delete
TITLE [Blank]	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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]
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-10-01 954456313 **Daytime Phone #**

CR2E034 (11/00)