

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91519 023 ***150.00

DOCUMENT # P930000 14465

1. Entity Name

SUBIES REGENCY INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

410 E. Hallandale

3. Mailing Address

410 E. HALLANDALE

Suite, Apt. #, etc.

Suite #200

Suite, Apt. #, etc.

SUITE #200

City & State

Hallandale FL

City & State

Hallandale FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. FEI Number

65-0395719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

KIKI BARTSOCAS

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

410 E. Hallandale #200

City

Hallandale FL

FL

Zip Code

33009

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

4-17-02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUS BARTSOCAS 410 E. Hallandale #200 Hallandale FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP, Perry Bartsocas 410 E. Hallandale #200 Hallandale FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP John Bartsocas 410 E. Hallandale #200 Hallandale FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KIKI BARTSOCAS 410 E. Hallandale #200 Hallandale FL 33009
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

Daytime Phone #

954 486-7894

CR2E034B (12/01)