

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062789

1. Entity Name
REGIONAL INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90205 029 ***150.00

Principal Place of Business
**1850 SW 8TH STREET
SUITE 312
MIAMI FL 33135**

Mailing Address
**1850 SW 8TH STREET
SUITE 312
MIAMI FL 33135**

AR0062789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 521046
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33152
Country
USA

City & State
Same
Zip
Same
Country
Same

4. FEI Number **65-0435580**
Applied For
☐ Not Applicable

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

**LEWIS, RICHARD C
799 BRICKELL PLAZA
SUITE 702
MIAMI FL 33131**

Name
Don May
Street Address (P.O. Box Number is Not Acceptable)
808 Majorca
City
Coral Gables FL Zip Code
33134

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)

4/30/01
DATE

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, 2001 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
D
NAME
ATHANS, GEORGE
STREET ADDRESS
1850 SW 8TH ST., STE. 312
CITY-ST-ZIP
MIAMI FL 33135

TITLE
D/P
NAME
Athans, George
STREET ADDRESS
2001 NW 7 St. #301
CITY-ST-ZIP
Miami, FL 33136
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 **305-541-5050**
Date Daytime Phone #

CR2E034 (10/00)