

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000375

1. Entity Name

REGENCY POOL AND SPA OF FLORIDA, INC.

Principal Place of Business

Mailing Address

480 SW 118 AVE.  
PLANTATION FL 33325  
US

480 SW 118 AVE.  
PLANTATION FL 33325-3502  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0458744

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

IMBERT, RAFAEL

4405 S.W. 85TH LANE

MIAMI FL 33180

480 SW 118 AVE  
PLANTATION, FL 33325

Name

RAFAEL A. IMBERT

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

480 SW 118 AVENUE

City

PLANTATION

FL

Zip Code

33325

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

01/04/00

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 PD  
NAME IMBERT, RAFAEL  
STREET ADDRESS 480 SW 118 AVE.  
CITY-ST-ZIP PLANTATION FL

TITLE SD  
NAME IMBERT, DOLORES Y  
STREET ADDRESS 480 SW 118 AVE.  
CITY-ST-ZIP PLANTATION FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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 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

01/04/00

Date

(954) 474-0134

Daytime Phone #