2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059800

1. Entity Name

REGATTA REAL ESTATE MANAGEMENT, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90107 042 ***150.00

Principal Place of Business	Mailing Address
628 SIXTH ST MIAMI BEACH FL 33139 US	628 SIXTH ST MIAMI BEACH FL 33139-8602 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	1550 N.E 104 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami Shores FL
Zip / Country	Zip: 33138 / Country: US

4. FEI Number 65-0511467 ☐ 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
VODA, TIMOTHY J 628 SIXTH ST MIAMI BEACH FL 33139	Name: Timothy VoDA Street Address (P.O. Box Number is Not Acceptable): 1550 NE 104 St City: Miami Shores FL Zip Code: 33138

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] Timothy VoDA DATE: 4/3/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PVTS VODA, TIMOTHY J 628 SIXTH ST MIAMI BCH FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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] Timothy VoDA 4/3/00 305 673 1940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #