

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059800

1. Entity Name
REGATTA REAL ESTATE MANAGEMENT, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90035 031 ***150.00

Principal Place of Business 628 SIXTH ST MIAMI BEACH FL 33139 US		Mailing Address 1550 NE 104 ST MIAMI SHORES FL 33138 US	
2. Principal Place of Business		3. Mailing Address 628 Sixth St. Second Floor	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami Beach FL	
Zip	Country	Zip	Country
33139	USA	33139	USA



DO NOT WRITE IN THIS SPACE

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 VODA, TIMOTHY J 1550 NE 104 ST MIAMI SHORES FL 33138		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1559 NE 104 ST. City FL Zip Code	
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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 DATE 3/29/01

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, 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
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: DATE 3/29/01 3050731940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)