

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000087636**

1. Entity Name

REGENT PROPERTY, INC.**FILED****Mar 22, 2001 8:00 am**
Secretary of State

03-22-2001 90045 029 ***150.00

Principal Place of Business

**1160 N FEDERAL HWY
SUITE 1115
FT LAUDERDALE FL 33304
US**

Mailing Address

**1160 N FEDERAL HWY
SUITE 1115
FT LAUDERDALE FL 33304
US**

2. Principal Place of Business

1520 NE 40 CT

Suite, Apt. #, etc.

3. Mailing Address

1520 NE 40 CT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

4. FEI Number

65-0632620

Applied For

Not Applicable

Zip

33336

Country

BROWARD

Zip

33336

Country

BROWARD5. 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

**EDWARDS, R J
1160 N FEDERAL HWY
SUITE 1115
FT LAUDERDALE FL 33304**

Name

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

City

FL

Zip Code

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

*R J Edwards***R J EDWARDS****03/18/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 State10. 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	<input type="checkbox"/> Delete
	D			
	EDWARDS, R J			
	1160 N FEDERAL HWY, SUITE 1115			
	FT LAUDERDALE FL 33304			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

*R J Edwards***R J EDWARDS****03/18/01****954 565 3655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)