

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90007 047 ***550.00

0070791 AV

DOCUMENT # P96000084107

1. Entity Name

REGA CLAIMS ASSOCIATES, INC.

Principal Place of Business

**10791 N.W. 53RD STREET
 SUITE 104
 SUNRISE FL 33351**

Mailing Address

**10791 N.W. 53RD STREET
 SUITE 104
 SUNRISE FL 33351**

00075004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10742 N.W. 53RD ST
 Suite, Apt. #, etc.

3. Mailing Address

10742 N.W. 53RD ST
 Suite, Apt. #, etc.

City & State

SUNRISE FL
 Zip **33351** Country

City & State

SUNRISE FL
 Zip **33351** Country

4. FEI Number

65-0699804

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

REGA, EDWARD
10791 N.W. 53RD STREET
SUITE 104
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

10742 N.W. 53RD ST

City

SUNRISE

FL

Zip Code

33351

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **D** ☒ Delete
 NAME **REGA, BARBARA**
 STREET ADDRESS **10791 NW 53RD ST STE 104**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☐ Delete
 NAME **REGA, EDWARD**
 STREET ADDRESS **10791 NW 53RD ST STE 104**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10742 N.W. 53RD ST**
 CITY-ST-ZIP **SUNRISE FL 33351**

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

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TITLE ☐ Change ☐ Addition
 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward D. Rega
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-2001

CR2E034 (5/01)