

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

009820

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90028 002 ***550.00

DOCUMENT # **P96000093307**

1. Corporation Name
REGENT GROUP INC.

Principal Place of Business

Mailing Address

401 NE MIZNER BLVD BOULEVARD
APT T-603
BOCA RATON FL 33432
US APARTMENT

GRUBER AND ASSOCIATES P.A.
1650 SE 17TH ST STE 301
FORT LAUDERDALE FL 33316-1735
US SUITE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

401 NORTHEAST MIZNER BOULEVARD
Suite, Apt. #, etc.

C/O P.A.

APARTMENT T-603
City & State

1650 SOUTHEAST 17TH STREET, SUITE 301
City & State

Zip Country

Zip Country

25

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, MICHAEL F.
C/O GRUBER AND ASSOCIATES P.A.
1650 SE 17TH STE, SUITE 301
FORT LAUDERDALE FL 33316-1735
SOUTHEAST

81 Name

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

C/O

1650 SOUTHEAST

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE **PDST P/D/S/T** ☐ DELETE

2. NAME **KAPLAN, MICHAEL F.**

3. STREET ADDRESS **401 NE MIZNER BLVD APT T-603**

4. CITY-ST-ZIP **BOCA RATON FL 33432**

5. TITLE **NORTHEAST** ☐ DELETE

6. NAME **BOULEVARD**

7. STREET ADDRESS **BOCA RATON FL 33432**

8. CITY-ST-ZIP **BOCA RATON FL 33432**

9. TITLE ☐ DELETE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE ☐ DELETE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE ☐ DELETE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE ☐ DELETE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D/S/T** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **401 NORTHEAST MIZNER BOULEVARD, APARTMENT T-603**

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/8/99
954-522-2222

CR2E034 (11/98)