## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P98000088006 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** REGAL REMNANTS, INC. 03-14-2000 90045 042 \*\*\*150.00 Mailing Address Principal Place of Business 2120 N.W. 22ND STREET 2120 N.W. 22ND STREET POMPANO BEACH FL 33069-1341 POMPANO BEACH FL 33069 CUDDOUJ 3. Mailing Address 2106 N.w. 2. Principal Place of Business 2106 N.W. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 2106 2106 4. FEI Number Applied For City & State City & State 65-0869423 Ompano ompano Not Applicable Country 3 \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen Goldback MARTINELLI, VINCENT Street Address (P.O. Box Number is Not Acceptable) 2120 N.W. 22ND STREET POMPANO BEACH FL 33069 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE ☐ Delete NAME -JOEL B. KOGON NAME GOLDBACH, SCOTT 7915 5 W. 3rd court STREET ADDRESS STREET ADDRESS 833 N.W. 99TH AVENUE N. LAuderdall, FL 33068 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Addition **S**Delete TITLE Change TITLE MARTINELLI, VINCENT NAME STREET ADDRESS STREET ADDRESS 5281 S.W. 123RD AVENUE CITY-ST-ZIP City-ST-ZIP COOPER CITY FL 33330 ☐ Addition TITLE Change ☐ Delete JOEL B KOSON NAME 7915 5.w. 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNING OFFICER OR DIRECTOR

SIGNATURE: