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## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addre

with all other like empowered.

SIGNING OFFICER OR DIRECTOR

## Mar 08, 2001 8:00 am DOCUMENT # P98000088006 Secretary of State DOWN RITE REGAL, INC. 03-08-2001 90067 028 \*\*\*150.00 Principal Place of Business Mailing Address 2106 NW 22ND ST 2106 NW 22ND ST 2106 2106 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0869423 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDBACH, SCOTT Street Address (P.O. Box Number is Not Acceptable) 833 NW 99TH AVE PLANTATION FL 32324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. Change Addition TITLE ☐ Delete KOGAN, JODY NAME STREET ADDRESS STREET ADDRESS 2106 NW 22ND STREET, #2106 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Addition ☐ Delete NAME GOLDBACH, SCOTT STREET ADDRESS 2106 NW 22ND STREET, #2106 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF PLANTATION FL 33324 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE 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