

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90005 035 \*\*\*550.00

**DOCUMENT # P99000015542**

1. Entity Name  
**REGOR CORPORATION**

Principal Place of Business  
**2450 NE 135TH STREET #111**  
**N. MIAMI FL 33181**

Mailing Address  
**2450 NE 135TH STREET #111**  
**N. MIAMI FL 33181**

2. Principal Place of Business  
**1840 SW 81 Terrace**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1840 SW 81 Terrace**  
 Suite, Apt. #, etc.

City & State  
**DAVIE, FL**

City & State  
**DAVIE, FL**

4. FEI Number **65-0895120**

Applied For  
 Not Applicable

Zip **33324**

Country **USA**

Zip **33324**

Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PEREZ, BEHAR & ASSOCIATES, INC.**  
**14730 N.E. 10TH AVENUE**  
**N. MIAMI FL 33161**

**7. Name and Address of New Registered Agent**

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

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  
 NAME **PD BARGAS, SARA** ☐ Delete  
 STREET ADDRESS **2450 NE 135TH STREET #111**  
 CITY-ST-ZIP **N. MIAMI FL 33161**

TITLE  
 NAME **VD WHITEHOUSE, KATHY** ☐ Delete  
 STREET ADDRESS **2450 NE 135TH STREET #111**  
 CITY-ST-ZIP **N. MIAMI FL 33161**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

TITLE  
 NAME ☐ Change ☐ Addition  
 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 information.

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

**7/26/01 954-472-2717**  
 Date Daytime Phone #

0067696 AV

CR2E034 (5/01)