

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2001 8:00 am**
Secretary of State

03-27-2001 90018 044 ***150.00

DOCUMENT # P99000084094

1. Entity Name

REGENCY GALLERY, INC.

Principal Place of Business

**709 EAST LAS OLAS BOULEVARD
FT. LAUDERDALE FL 33301**

Mailing Address

**709 EAST LAS OLAS BOULEVARD
FT. LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **88-0424541**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****DENBERG, MICHAEL B
% FIELDSTONE LESTER SHEAR & DENBERG
2875 NE 191 STREET, SUITE 802
AVENTURA FL 33180****Denberg, Michael B.**
Street Address (P.O. Box Number is Not Acceptable)
% Fieldstone Lester Shear + Denberg
201 Alhambra Circle, Suite 601
City **Coral Gables** State **FL** Zip Code **33134**

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D SAKA, MICHAEL STREET ADDRESS 709 EAST LAS OLAS BOULEVARD CITY-ST-ZIP FT. LAUDERDALE FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D LEVY, ALBERT STREET ADDRESS 709 EAST LAS OLAS BOULEVARD CITY-ST-ZIP FT. LAUDERDALE FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D DWECK, SAMUEL STREET ADDRESS 709 EAST LAS OLAS BOULEVARD CITY-ST-ZIP FT. LAUDERDALE FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL SAKA

Date

3-25-01

Daytime Phone #

CR2E034 (10/00)