

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90043 014 ****61.25

DOCUMENT # 747077

1. Entity Name

REGENT PALACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9309 17 COLLINS AVE
 #8
 SURFSIDE FL

9309 17 COLLINS AVE
 #8
 SURFSIDE FL

00029387



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~9309 17 COLLINS AVE~~ 9309 Collins Ave
 Suite, Apt. #, etc. Pte 2

Box
 Suite, Apt. #, etc. P.O. BOX 546441

City & State
 Surfside, FL

City & State
 Surfside, FL

4. FEI Number
 65-0022363

Applied For
 Not Applicable

Zip
 33154 Country
 USA

Zip
 33154 Country
 USA

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

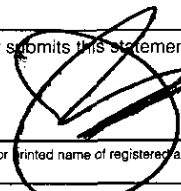
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CEASE, MICHAEL S
 2900 NW 7THS 1
 16345 W DIXIE HWY STE 134
 MIAMI FL 33126~~

Name **JERRY KATW**
 Street Address (P.O. Box Number is Not Acceptable)
 1141-71st Street
 City **Miami Beach** FL Zip Code **33141-0213**

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
 2/25/00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	KATW, JERRY	
STREET ADDRESS	9309 COLLINS AVE PHI	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ABRAHAM, MAURICE	
STREET ADDRESS	9309 COLLINS AVE. #8	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, EMMA	
STREET ADDRESS	9317 COLLINS AVE. #18	
CITY-ST-ZIP	SURFSIDE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY KATW (Spelling)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FLORENCIO HIZASAWA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9309 COLLINS AVE #6510	
STREET ADDRESS	SURFSIDE FLA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

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

DATE
 2/25/00
 Daytime Phone #

CR2E037 (9/99)