

2000 UNIFORM BUSINESS REPORT (UBR)

5/24

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-24-2000 90082 044 ****61.25

DOCUMENT # N99000002424

1. Entity Name

RESIDENCE 1611 CONDOMINIUM ASSOCIATION, INC.

R

Principal Place of Business

Mailing Address

1611 EUCLID AVE., STE. 1
 MIAMI BEACH FL 33139

1611 EUCLID AVE., STE. 1
 MIAMI BEACH FL 33139-7746

2. Principal Place of Business

3. Mailing Address

500 15 Street

500 15 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach, FL

Miami Beach, FL

4. FEI Number

Applied For

65-0606633

Not Applicable

Zip

Country

Zip

Country

33139 USA

33139 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

ZARETSKY, LOUIS D ESQ.
 555 N.E. 15TH ST., STE. #100
 MIAMI FL 33132

Name **Regent Park Property Inc**

Street Address (P.O. Box Number is Not Acceptable)

500 15 Street #11

City

Miami Beach

FL

Zip Code

33139

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]

MALLORY KAUDERER, PRES

5/1/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PD** Delete
 NAME **KAUDERER, MALLORY**
 STREET ADDRESS **1611 EUCLID AVE., STE. 1**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS **500 15 Street #1**
 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **D** Delete
 NAME **CRAWLEY, DONALD**
 STREET ADDRESS **1611 EUCLID AVE., STE. 1**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 NAME **SAMUEL PRYCE**
 STREET ADDRESS **500 15TH ST. #1**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D, V** Delete
 NAME **LEAVITT, DONITA**
 STREET ADDRESS **1611 EUCLID AVE., STE. 1**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS **500 15 Street #1**
 CITY-ST-ZIP **Miami Beach, FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (305) 972-1915

Date

Daytime Phone #