

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90082 046 \*\*\*150.00

**DOCUMENT # P98000080633**

1. Entity Name

**1606 JEFFERSON ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

555 N.E. 15TH ST., STE. 100  
 MIAMI FL 33132

555 N.E. 15TH ST., STE. 100  
 MIAMI FL 33132-1455

2. Principal Place of Business

3. Mailing Address

**500 15 ST**

**500 15 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami Beach FL**

**Miami Beach FL**

Zip

Country

Zip

Country

**33139 USA**

**33139 USA**

4. FEI Number

**65-0888882**

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

**LYNN, MARK J**  
 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 ST #1**

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

(NOTE: Registered Agent signature required when reinstating)

DAY

*[Handwritten Signature]*

**MALLORY KAUDERER 5/1/00**

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, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **DPS KAUDERER, MALLORY**  
 STREET ADDRESS **1611 EUCLIO AVE -#1**  
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **590 15 ST #1**  
 CITY-ST-ZIP **Miami Beach, FL 33139**

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  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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 empowered.

SIGNATURE:

**MALLORY KAUDERER**

Date

**5/1/00 (305) 532-1971**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE