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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State
05-14-2001 90275 022 ***150.00

DOCUMENT # N00000002396

1. Entity Name

THE SENATE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1611 EUCLID AVE., STE. 1~~ ~~MIAMI BEACH FL 33140~~	~~1611 EUCLID AVE., STE. 1~~ ~~MIAMI BEACH FL 33140~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
500 15TH ST	500 15TH ST
Suite Apt. #, etc. ONE	Suite Apt. #, etc. ONE
City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
Zip 33139 Country	Zip 33139 Country

4. FEI Number 65-0999447 ☐ 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
~~ZARETSKY, LOUIS D ESQ~~ ~~555 N.E. 15TH ST., STE. 100~~ ~~MIAMI FL 33132~~	Name REGENCY PARK PROPERTY, INC. Street Address (P.O. Box Number is Not Acceptable) 500 15TH ST. SUITE ONE 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 MALLORY KAUDERER, PRESIDENT 6/8/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAUDERER, MALLORY 500 15TH ST., #1 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ, SERAFIN 500 15TH ST., #1 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEAVITT, DONITA 500 15TH ST., #1 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/00)

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 MALLORY KAUDERER PRESIDENT 6/8/01 305-532-1975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #