

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041560

1. Entity Name

643 JEFFERSON AVENUE, INC.

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

05-24-2000 90082 004 \*\*\*150.00

Principal Place of Business

Mailing Address

1611 EUCLID AVENUE  
 SUITE ONE  
 MIAMI BEACH FL 33139  
 US

1611 EUCLID AVENUE  
 SUITE ONE  
 MIAMI BEACH FL 33139-7746  
 US

2. Principal Place of Business

500 15 Street

3. Mailing Address

500 15 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0498739

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

REGENTS PARK PROPERTY INC  
 1611 EUCLID AVENUE  
 SUITE ONE  
 MIAMI BEACH FL 33139

Name

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.

MALLORY KAUDERER PRES

5/1/00

(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, 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 P ☐ Delete  
 NAME KAUDERER, MALLORY  
 STREET ADDRESS 1611 EUCLID AVENUE #1  
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition  
 NAME 500 15 St #1  
 STREET ADDRESS Miami Beach, FL 33139  
 CITY-ST-ZIP

TITLE VP ☐ Delete  
 NAME MALIS, MARC  
 STREET ADDRESS 1611 EUCLID AVENUE #1  
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition  
 NAME 500 15 St #1  
 STREET ADDRESS Miami Beach, FL 33139  
 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 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MALLORY KAUDERER 5/1/00 (305) 532-1975

Date

Daytime Phone #