

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2000 90082 008 ***150.00

DOCUMENT # P95000038773

1. Entity Name
1611 EUCLID AVENUE, INC.

Principal Place of Business 1611 EUCLID AVENUE SUITE ONE MIAMI BEACH FL 33139 US	Mailing Address 1611 EUCLID AVENUE SUITE ONE MIAMI BEACH FL 33139-7746 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 15 St	3. Mailing Address 500 15 St
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139	Country USA

4. FEI Number 65-0606633	Applied For <input type="checkbox"/> Not Applicable
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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
State 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** **5/1/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAUDERER, MALLORY 1611 EUCLID AVENUE #1 MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 15 St #1 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **3/1/00** **(305) 532-1775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)