

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000046667**

1. Entity Name

**REGENTS PARK PROPERTY, INC.****FILED****May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90082 013 \*\*\*150.00

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

2. Principal Place of Business

500 15 Street  
#1

3. Mailing Address

500 15 Street  
#1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Miami Beach, FL

City &amp; State

Miami Beach FL

Zip

33139

Country

USA

Zip

33139

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0671640

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

KAUDERER, MALLORY  
1611 EUCLID AVENUE  
SUITE ONE  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: Regent Park Property Inc

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

500 15 Street #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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

PRES  
MALLORY KAUDERER

Date

5/1/00

Daytime Phone #

(305) 932-1911