

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042488

1. Entity Name

JAFFE REAL ESTATE, II, INC.

Principal Place of Business

18999 BISCAYNE BLVD.  
AVENTURA FL 33180

Mailing Address

18999 BISCAYNE BLVD.  
AVENTURA FL 33180-2814

2. Principal Place of Business

3. Mailing Address

10081 Pines Blvd.

Suite, Apt. #, etc.

Suite A

City & State

City & State

Pembroke Pines, FL

Zip

Country

Zip

Country

33064

U.S.

4. FEI Number

65-0834198

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

GOLDMAN, BRUCE J  
2701 LE JEUNE RD., SUITE 404  
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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)

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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFE, NORMAN S		NAME		
STREET ADDRESS	18999 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFE, MARK S		NAME		
STREET ADDRESS	18999 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFE, GARY F		NAME		
STREET ADDRESS	18999 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFE, EMERY D		NAME		
STREET ADDRESS	18999 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFE, EVAN		NAME		
STREET ADDRESS	1955 NE 117TH RD.		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL 33181		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED

Date

Daytime Phone #

CR2E034 (9/99)