

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90121 021 ***150.00

DOCUMENT # P98000079080

1. Entity Name
JAFFE REAL ESTATE, III, INC.

Principal Place of Business
18999 BISCAYNE BLVD.
AVENTURA FL 33180

Mailing Address
10081 PINES BLVD
SUITE A
PEMBROKE PINES FL 33024
US

2. Principal Place of Business
555 SW 12th Ave
 Suite, Apt. #, etc.
Suite 101
 City & State
Pompano Bch, FL
 Zip
33069 Country
USA

3. Mailing Address
555 SW 12th Ave
 Suite, Apt. #, etc.
Suite 101
 City & State
Pompano Bch, FL
 Zip
33069 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0861817** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GOLDMAN, BRUCE J
2701 LE JEUNE ROAD, SUITE 404
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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, EVAN		NAME		
STREET ADDRESS	1955 N.E. 117TH ROAD		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33181		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	<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: _____ Date **4-12-01** Daytime Phone # **954-933-0421**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)