

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2001 90121 025 \*\*\*150.00

**DOCUMENT # P98000098020**

1. Entity Name

**JAFFE PROPERTY MANAGEMENT, INC.**

Principal Place of Business

18999 BISCAYNE BLVD.  
 AVENTURA FL 33180

Mailing Address

10081 PINES BLVD  
 STE A  
 PEMBROKE PINES FL 33024  
 US

**00052476**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**555 SW 12th Ave**

Suite, Apt. #, etc.

**Suite 101**

3. Mailing Address

**555 SW 12th Ave**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Pompano Bch, Fl**

City & State

**Pompano Bch, Fl**

Zip

**33069**

Country

**USA**

Zip

**33069**

Country

**USA**

4. FEI Number

**65-0886264**

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

Name

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

City

**FL**

Zip Code

**GOLDMAN, BRUCE J**  
**CITY NATIONAL BANK BLDG.**  
**2701 LE JEUNE RD., S-404**  
**CORAL GABLES FL 33134**

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

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Norman Jaffe</b>	
STREET ADDRESS	<b>18999 Biscayne Blvd.</b>	
CITY-ST-ZIP	<b>Aventura FL 33180</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARK JAFFE</b>	
STREET ADDRESS	<b>18999 Biscayne Blvd.</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANN JAFFE</b>	
STREET ADDRESS	<b>18999 Biscayne Blvd.</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARY KAMINSKY</b>	
STREET ADDRESS	<b>555 SW 12th Ave, Suite 101</b>	
CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**4/25/01**

Date

**954-933-0421**

Daytime Phone #

CR2E034 (10/00)