

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90479 023 ***550.00

DOCUMENT # K70455

1. Entity Name
JED PROPERTIES, INC.

Principal Place of Business C/O ROBERT M. ARLEN 1501 CORPORATE DR., STE. 200 BOYNTON BEACH FL 33426	Mailing Address C/O ROBERT M. ARLEN 1501 CORPORATE DR., STE. 200 BOYNTON BEACH FL 33426-6661
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 110 E Atlantic Ave Suite, Apt. #, etc. # 330; City & State Delray Beach, Fla Zip 33444 Country U.S.A	3. Mailing Address 110 E. Atlantic Ave Suite, Apt. #, etc. # 330 City & State Delray Beach, Florida Zip 33444 Country U.S.A
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4. FEI Number **65-0117033** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ARLEN, ROBERT M., ATTORNEY AT LAW
1501 CORPORATE DRIVE
SUITE 200
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent
 Name **Robert M. Arlen**
 Street Address (P.O. Box Number is Not Acceptable) **110 E Atlantic Ave; #330**
 City **Delray Beach** FL Zip Code **33444**

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 **Robert M. Arlen** DATE **2/21/00**
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUGARMAN, RUBIN 4780 EXETER ESTATE LANE LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SUGARMAN, ESTELLE 4780 EXETER ESTATE LANE LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Debra Sugarman 300 Granite Street, Braintree, MA 02184-3909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Debra Sugarman** Date **781-356-1650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #