

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K70455

1. Entity Name  
JED PROPERTIES, INC.

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

06-06-2000 90479 023 \*\*\*550.00

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



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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/00

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 DP  
NAME SUGARMAN, RUBIN  
STREET ADDRESS 4780 EXETER ESTATE LANE  
CITY-ST-ZIP LAKE WORTH FL ☐ Delete

TITLE DST  
NAME SUGARMAN, ESTELLE  
STREET ADDRESS 4780 EXETER ESTATE LANE  
CITY-ST-ZIP LAKE WORTH FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director  
NAME Debra Sugarman  
STREET ADDRESS 300 Granite Street, Braintree, MA  
CITY-ST-ZIP 02184-3909 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Debra Sugarman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

781-356-1650