

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K70455****1. Entity Name**  
**JED PROPERTIES, INC.****Principal Place of Business****110 E ATLANTIC AVE**  
**330**  
**DELRAY BEACH FL 33444****Mailing Address****110 E ATLANTIC AVE**  
**330**  
**DELRAY BEACH FL 33444****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**6. Name and Address of Current Registered Agent****ARLEN, ROBERT M., ATTORNEY AT LAW**  
**110 E ATLANTIC AVE # 330**  
**DELRAY BEACH FL 33444****4. FEI Number** **65-0117033**

Applied For

Not Applicable

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

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****TITLE** **DP** ☐ Delete  
**NAME** **SUGARMAN, RUBIN**  
**STREET ADDRESS** **4780 EXETER ESTATE LANE**  
**CITY-ST-ZIP** **LAKE WORTH FL****TITLE** **DST** ☐ Delete  
**NAME** **SUGARMAN, ESTELLE**  
**STREET ADDRESS** **4780 EXETER ESTATE LANE**  
**CITY-ST-ZIP** **LAKE WORTH FL****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** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**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:** **ESTELLE SUGARMAN**  
*Estelle Sugarmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2-14-01**  
Date**561-433-0007**  
Daytime Phone #**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90035 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)