## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9400000728  1. Entity Name IDAJAC, L.C.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  00 JAN 12 AM 10: 47			
Principal Place of Business  4040 W. PALMAIRE DRIVE #105  POMPANO BEACH FL 33069  POMPANO BEACH FL 33069-4115							.,		
POMPANO BE	Correct	POMPANO BEACH FL 33	069-4115 		111	   <b>                                   </b>	<b>8</b> 181 <b>86</b> 119 <b>88</b> 111 1 <b>8818</b>	#1881 (811 188)	
Principal Place of Business     3. Mailing Address					_				
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del>		_	DO NOT WRITE IN TH	HC CDACE	HLM	
						<del></del>			
City & State		City & State		4. FEI Nur	38-7129294	<del></del>	oplied For of Applicable		
Zip	Country Zip C		Count	5. Certificate of Status Desired					
	6. Name and Address of Current	<u> </u>	7. Name and Address of New Registered Agent						
DIENER, JACK				Name  Street Address (P.O. Box Number is Not Acceptable)					
4040 W. PALMAIRE DRIVE #105 POMPANO BEACH FL 33069									
I OMI AIR	DENOTIFE GOODS			City	—- e		Zip Code	e	
8. The above	named entity submits this statement for	the purpose of charging its	registere	d office or registe	ered agent or				
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature require	ed when reinstating)	DA	TE .		
		Make Check Pa	yable to	EE IS \$50.00 Department					
9. TITLE	MANAGING MEMBE	RS/MEMBERS  Delete	10. TITLE			ADDITIONS/CHANC	GES Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	JACK DIENER, LIVING TRUST NA 4040 W. PALMAIRE DRIVE #105 STI			T ADDRESS ST-ZIP	4000031037746 -01/20/0001018018 ******50.00 ******50.00				
TITLE	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE			<u>********</u>	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		•		T ADDRESS		e en e			
TITLE NAME		☐ Deteta	TITLE				Change	Addition .	
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CITY-ST-ZIP				BT-ZIP					
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TITLE	Explain res	☐ Delete	TITLE NAME STREE	T AODRESS			☐ Change	☐ Addition	
CITY: 8T-ZIP	tertify that the information supplied with	this filing does not small for	CITY-1	BT- ZIP	action 110.07/	2)/i) Elorido Ctot dos 15	anetify that the :-	formation	
indicated	on this report is true and accurate and t bility company or the receiver or trustee	hat my signature shall háve :	the same	legal effect as if r	made under oa	ath; that I am a managing mer	nber or manager	of the	