SVI-265-0255 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9400005534 JCD MANAGEMENT, INC.					FILED Apr 24, 2000 8:00 am Secretary of State 04-24-2000 90145 050 ***150.00		
Principal Place	e of Business	Mailing Address					
1401 N. LAKE BLVD. 1300 PARK OF COMMERCE				-			
ALM BEACH GARDENS FL 33418 272		272 DELRAY BEACH FL 33445-256	IV DEACH EL 22445-2562				
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2. Principal Pl	ace of Business	3. Mailing Address					
2200 Highland Ave 2200 High!			and A	ve	i i Baixi bar 410 tarki bilbir bahir galir barir ba		illi Didi (Bat
Suite, Apt.	#.verc.	Suite, Apt. #, etc			DO NOT WRITE IN T	HIS SPACE	
City & State		-City & State .		4.	FEI Number OF 0404E07	T Ap	oplied For
Delray Beach Fr Delrays			each. PL		65-0464597		ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	
2744	6. Name and Address of Current R	T CAACC	<u> </u>		Name and Address of New Registe	Fee Require	0
	b. Name and Address of Current A	egistered Agent	Name	7	In an O No. o	rea Agent	
WEN	ZEL-KENNETH A			Bra	Dank Color Color		
,	N. FEDERAL HWY.		Street A		Box Number is Not Acceptable)	UC	
STE					3		
BOC	A RATON FL 33432		CITY	01/04	- Q00 c 1-	FL ZS	\$1 ()
<u> </u>				elra	g ceach	<u>[</u>	pes
. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered ac	gerit, or both, in the State of Florida.		
			\supset		- And	60	
IGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: I	Registered Agent signat	ure required when	reinstatung) D	ATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2000 Make Check Payable				50.00	10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
1.	OFFICERS AND D		12.			AND DIRECTOR	S IN 11
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IAME	DUBIN, BRAHM		NAME			')	
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ame Treet address	DUBIN, JEANNE 19557 LYONS RD		STREET ADDRESS	220	o Highland F	tue	
ITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	Delra	y Beach PL 3	3445	
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CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>			
13. I hereby c	certify that the information supplied with t	this filing does not qualify for t	ne exemption sta	ted in Section	n 119.07(3)(i), Florida Statutes. I furthe e legal effect as if made under oath; t orida Statutes; and that my name appe	er certify that the i	ntormation or director