

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091969

1. Entity Name
J.D.G. LEASING-PHASE I, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90056 027 ***150.00

Principal Place of Business
5180 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33445

Mailing Address
5180 WEST ATLANTIC AVENUE
DELRAY, BEACH FL 33484-8131

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
127 BAREFOOT COVE
Suite, Apt. #, etc.

City & State
HYPOLEXO, FL

Zip
33462

Country
USA

4. FEI Number 65-0629399

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

Name
MICHAEL G. PARK, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
127 BAREFOOT COVE
City
HYPOLEXO FL 33462

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]* 2-3-00

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, 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	<input type="checkbox"/> Delete
D	GOLDSTEIN, JON D	5180 WEST ATLANTIC AVENUE	DELRAY BEACH FL 33445	<input type="checkbox"/>
VP	Michael G. Park	127 Barefoot Cove	Hyplexo FL 33462	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D/P/T		127 BAREFOOT COVE	HYPOLEXO, FL 33462	<input type="checkbox"/>	<input type="checkbox"/>
VP/S	PARK, MICHAEL G.	127 BAREFOOT COVE	HYPOLEXO, FL 33462	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* JON GOLDSTEIN 2-3-00 561-582-4434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)