## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P95000097545** 1. Entity Name JEN PARK, INC. 04-27-2000 90024 013 \*\*\*150.00 Mailing Address Principal Place of Business 2717 W CYPRESS CREEK RD 2717 W CYPRESS CREEK RD SUITE 500 SUITE 500 FT LAUDERDALE FL 33309-1703 FT LAUDERDALE FL 33309 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3361301 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Samuel\_J\_Cantor\_ CANTOR, SAMUEL J Street Address (P.O. Box Number is Not Acceptable) 6700 Broken Sound Pkwy NW 1489 W PALMETTO PARK ROAD STE 485 **BOCA RATON FL 33486** Suite 200 Boca Raton stered office or registered agent, or both, in the State of Florida 8. The above named entitle SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D Change XX Addition TITLE XX Delete TITLE PARKER, DAVID L NAME NAME Steven G Rose STREET ADDRESS 2717 W CYPRESS CREEK RD STREET ADDRESS 2717 W Cypress Creek Rd CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 t Lauderdale, FL 33309 Change XX Delete TITLE TITLE PARKER, DEBRA NAME NAME Philip Stickles 2717 W CYPRESS CREEK RD STREET ADDRESS STREET ADDRESS 2717 W Cypress Creek Rd CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33309 Ft Lauderdale, FL 33309 \*Change \*\* XX Addition Delete TITLE Karen Hood NAME NAME 2717 W Cypress Creek Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP t Lauderdale, <u>FL</u> 33<u>309</u> Addition Change DDE☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

TITI F

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF

☐ Delete

Change

☐ Addition