2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2001 8:00 am DOCUMENT # **P97000023295 Secretary of State** 1. Entity Name D.J. LAND HOLDINGS CORP. 02-14-2001 90027 019 ***150.00 Principal Place of Business Mailing Address 5828 N.W. 26TH COURT 5828 N.W. 26TH COURT BOCA RATON FL 33496 **BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0485806 Not Applicable Zip Country \$8.75 Additional 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 BUCHALTER, SHARON PH.D. Street Address (P.O. Box Number is Not Acceptable) 5828 N.W. 26TH COURT **BOCA RATON FL 33496** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE Delete TITLE NAME BUCHALTER, SHARON PH.D. NAME STREET ADDRESS STREET ADDRESS 5828 N.W. 26TH COURT CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Change ☐ Addition TITLE Delete TITLE NAME BUCHALTER, DAVID N M.D. NAME STREET ADDRESS 5828 N.W. 26TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 this steep imposes to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Plook 12 if changed, or on an attachment with with all other SIGNATURE: