FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91071 005 ***150.00

DOCUMENT # P97000023295

1. Entity Name

D.J. LAND HOLDINGS CORP.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
5828 NW 26th COURT	5828 NW 26th COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33496 Country: USA	Zip: 33496 Country: USA

4. FEI Number: 65-0735072 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SHARON BUCHALTER, PH.D.

Street Address (P.O. Box Number is Not Acceptable): 5828 NW 26th COURT

City: BOCA RATON FL Zip Code: 33496

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Sharon Buchalter, Ph.D.
STREET ADDRESS	5828 NW 26th COURT
CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	D
NAME	David N. Buchalter, M.D.
STREET ADDRESS	5828 NW 26th COURT
CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	
NAME	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Buchalter Sharon Buchalter 3/12/03 561-999-0622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #