## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000011338 JLA DEVELOPMENT COMPANY, INC. Mailing Address Principal Place of Business 177 US HWY. ONE 177 US HWY. ONE TEQUESTA FL 33469-2737 TEQUESTA FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

KRASKER, PAUL A ESQ.

SIGNATURE

11.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

625 N. FLAGLER DR., 9TH FLOOR W. PALM BEACH FL 33401

9. This corporation is eligible to satisfy its Intangible

ALIANIELLO, JEFFREY

177 US HWY. ONE

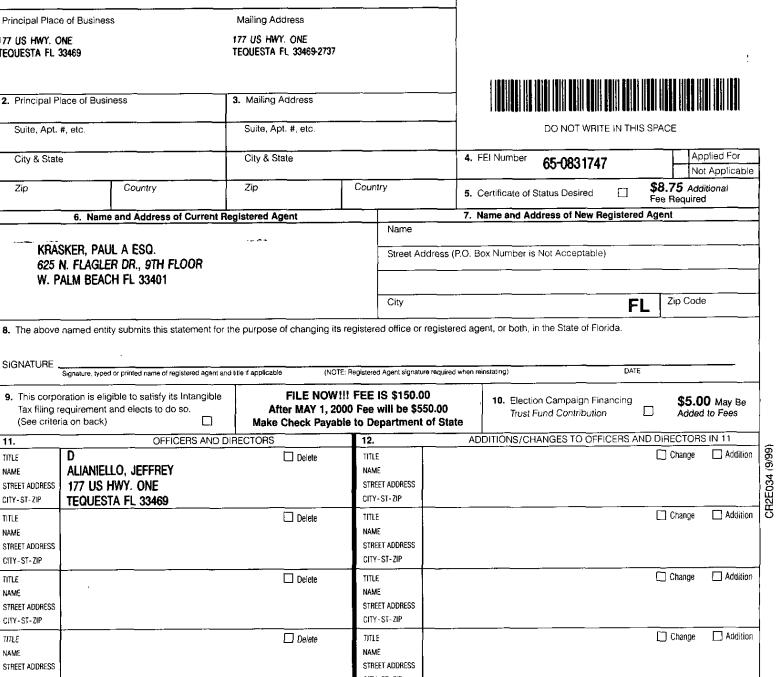
TEQUESTA FL 33469

Tax filing requirement and elects to do so.

(See criteria on back)

## FILED Mar 21, 2000 8:00 am **Secretary of State**

03-21-2000 90093 032 \*\*\*150.00



13. I hereby certify that the information supplied with this filling 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.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANIELLO

Change

Change

Addition

☐ Addition