

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012108

1. Entity Name

J.D. ENTERPRISES OF BROWARD, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90125 022 \*\*\*150.00

Principal Place of Business

998 SOUTH MILITARY TRAIL  
DEERFIELD BEACH FL 33442

Mailing Address

998 SOUTH MILITARY TRAIL  
DEERFIELD BEACH FL 33442-2987

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0811485

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

SAMUELS, LEONARD K  
BERGER DAVIS & SINGERMANN  
100 N.E. 3RD AVENUE SUITE 400  
FT LAUDERDALE FL 33301

350 E. LAS OLAS Blvd.  
Suite 1000

Name

Street Address (P.O. Box Number is Not Acceptable)

350 E. LAS OLAS Blvd. Suite #1000

City

Ft. Lauderdale

FL

Zip Code

33301

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME PEREZ, JOSEPH D SR  
STREET ADDRESS 998 SOUTH MILITARY TRAIL  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
NAME Darcy Perez  
STREET ADDRESS 8804 SW 11th St.  
CITY-ST-ZIP Boca Raton, FL 33433

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/00 954-4629-3100

Daytime Phone #