FROM : D FAX NO. : 561 278 4190 5/1

FILED
Jun 05, 2001 8:00 am
Secretary of State
05-11-2001 90069 045 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011141

1. Entity Name
JLD REAL ESTATE, INC.

0394

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
822 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483	822 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483
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 65-1038813 [redacted]FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DENIRO, JOHN C
822 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name WILLIAM MILANDE
Street Address (P.O. Box Number Is Not Acceptable) 400 E. LINTON BLVD 6-3
City DELRAY BEACH FL Zip Code 33483

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] 4/27/01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D DENIRO, JOHN C 822 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD POSTERNACK, CHARLES 400 E. LINTON BLVD, 6-3 DELRAY BEACH, FL 33483 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILANDE, WILLIAM 400 E. LINTON BLVD, 6-3 DELRAY BEACH, FL 33483 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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] 4/27/01 381-278-1169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #