

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90076 050 ***150.00

DOCUMENT # P99000011141

1. Entity Name
JLD REAL ESTATE, INC.

Principal Place of Business
**822 EAST ATLANTIC AVENUE
-DELRAY BEACH FL 33483**

Mailing Address
**822 EAST ATLANTIC AVENUE
-DELRAY BEACH FL 33483**

2. Principal Place of Business
400 East Linton Blvd.

3. Mailing Address
400 East Linton Blvd.

Suite, Apt. #, etc.
G-3

Suite, Apt. #, etc.
G-3

City & State
Delray Beach, FL

City & State
Delray Beach, FL

Zip Country
33483 USA

Zip Country
33483 USA

4. FEI Number
65-1038813

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MILMOE, WILLIAM
400 E LINTON BLVD
G-3
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name
Charles E. Muller II, Esq.
Street Address (P.O. Box Number is Not Acceptable)
**9350 South Dixie Highway
Suite 1550
City Miami FL Zip Code 33156**

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 *Charles E. Muller II* **Charles E. Muller II, Esq.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/29/02
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, 2002 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

TITLE **D** ☒ Delete
NAME **DENIRO, JOHN C**
STREET ADDRESS **822 EAST ATLANTIC AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **CEO** ☒ Delete
NAME **POSTERNACK, CHARLES**
STREET ADDRESS **400 E LINTON BLVD, G-3**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **ST** ☒ Delete
NAME **MILMOE, WILLIAM**
STREET ADDRESS **400 E LINTON BLVD, G-3**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director, Treasurer, Secretary** ☒ Change ☐ Addition
NAME **DeNiro, John C.**
STREET ADDRESS **400 East Linton Blvd., G-3**
CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **CHAIRMAN** ☒ Change ☐ Addition
NAME **DeSantis, Carl**
STREET ADDRESS **400 E. Linton Blvd, G-3**
CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **Director** ☒ Change ☐ Addition
NAME **Milmoie, William**
STREET ADDRESS **400 E. Linton Blvd, G-3**
CITY-ST-ZIP **Delray Beach, FL 33483**

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

TITLE ☐ Change ☐ Addition
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: *William Milmoie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/2002 305-670-6770
Date Daytime Phone #

CR2E034 (9/01)