

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018605

1. Entity Name  
J & D ENTERPRISES OF DADE INC. ✓

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90095 030 \*\*\*150.00

Principal Place of Business Mailing Address  
3801 SO OCEAN DRIVE #10-S 3801 SO OCEAN DRIVE  
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019

C0045521

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
3801 SO OCEAN DR #10-S 3801 SO OCEAN DR #10-S  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Hollywood, FL Hollywood, FL  
Zip Country Zip Country  
33019 33019

4. FEI Number Applied For  
65-0915086 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  
MIAMI CENTER REGISTERED AGENTS INC.  
201 SO BISCAYNE BLVD. 17TH FLOOR  
MIAMI, FLORIDA 33131  
Name: LIOR FHIMA  
Street Address (P.O. Box Number is Not Acceptable): 3801 SO OCEAN DRIVE #10-S  
City: HOLLYWOOD FL Zip Code: 33019

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] LIOR FHIMA DATE: 3/21/00  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] LIOR FHIMA, PRESIDENT DATE: 3/21/00 DAYTIME PHONE #: 954-456-1089

CR2E034 (9/99)