

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90026 044 \*\*\*150.00

**DOCUMENT # P99000029503**

1. Entity Name

**CJL CAPITAL, INC.**

Principal Place of Business

**WILLIAM L. PLATTER  
 175 WEST CAMINO REAL  
 BOCA RATON FL 33432**

Mailing Address

**WILLIAM L. PLATTER  
 175 WEST CAMINO REAL  
 BOCA RATON FL 33432-5941**

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

**65-0908094**

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

**PLATTER, WILLIAM L  
 175 WEST CAMINO REAL  
 BOCA RATON FL 33432**

**DAVID K. HIRSCH  
 175 W CAMINO REAL  
 BOCA RATON, FL 33432**

8. The above named entity submits this statement for the purpose of changing its registered agent.

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. ☐

**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  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**JUD ROTHMAN PRESIDENT  
 5760 H COACH HOUSE CIRCLE  
 BOCA RATON, FL 33486**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/27/00**

**561 4120949**

CR2004 (9/99)