

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030870

1. Entity Name

DDP HOLDINGS, CORP.

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

04-27-2000 90013 043 \*\*\*150.00

Principal Place of Business      Mailing Address  
1489 W PALMETTO PARK ROAD      1489 W PALMETTO PARK ROAD  
SUITE 485      SUITE 485  
BOCA RATON FL 33486      BOCA RATON FL 33486-3327

2. Principal Place of Business      3. Mailing Address  
2717 W Cypress Creek Road      2717 W Cypress Creek Road  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Fort Lauderdale, FL      Fort Lauderdale, FL

Zip      Country      Zip      Country  
33309      USA      33309      USA

4. FEI Number      Applied For  
65-0940092      Not Applicable

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

6. Name and Address of Current Registered Agent  
CANTOR, SAMUEL J  
1489 W PALMETTO PARK ROAD  
SUITE 485  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent  
Name  
Cantor, Samuel J.  
Street Address (P.O. Box Number is Not Acceptable)  
6700 Broken Sound Pkwy NW  
Suite 200  
City      State      Zip Code  
Boca Raton      FL      33487

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      DATE 1/25/00  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, DAVID L	NAME	David L Parker
STREET ADDRESS	1489 W PALMETTO PARK ROAD STE 485	STREET ADDRESS	2717 W Cypress Creek Road
CITY-ST-ZIP	BOCA RATON FL 33486	CITY-ST-ZIP	Fort Lauderdale, FL 33309
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	
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:      3-31-00      877-969-0650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)