

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033292

1. Entity Name

DDP VENTURES, CORP.

**FILED**  
May 19, 2000 8:00 am  
Secretary of State

04-27-2000 90041 015 \*\*\*150.00

Principal Place of Business  
C/O SAMUEL J. CANTOR  
1489 W PALMETTO PARK RD STE 485  
BOCA RATON FL 33486

Mailing Address  
C/O SAMUEL J. CANTOR  
1489 W PALMETTO PARK RD STE 485  
BOCA RATON FL 33486-3327

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

3. Mailing Address  
2717 W. Cypress Creek Road  
Suite, Apt. #, etc.

City & State  
Fort Lauderdale, FL  
Zip  
33309  
Country  
USA

City & State  
Fort Lauderdale, FL  
Zip  
33309  
Country  
USA

4. FEI Number  
65-0934820  
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

CANTOR, SAMUEL J  
1489 W PALMETTO PARK RD  
SUITE 485  
BOCA RATON FL 33486

Name  
Cantor, Samuel J.  
Street Address (P.O. Box Number is Not Acceptable)  
6700 Broken Sound Parkway NW  
Suite 200  
City Boca Raton FL Zip Code 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

*[Signature]*  
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/00

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, 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  
D  
PARKER, DAVID L  
1489 W PALMETTO PARK RD STE 485  
BOCA RATON FL 33486 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Steven G. Rose  
2717 W. Cypress Creek Road  
Fort Lauderdale, FL 33309 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Philip Stickles  
2717 W Cypress Creek Rd  
Ft Lauderdale, FL 33309 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Karen Hood  
2717 W Cypress Creek Road  
Ft Lauderdale, FL 33309 ☐ 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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 954 969 0658  
Date Daytime Phone #