

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060936

1. Entity Name

J.L.G. ENTERPRISES, INC.



FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90007 010 ***550.00

Principal Place of Business

3909 N OCEAN BLVD. #402
 FT LAUDERDALE FL 33308

Mailing Address

3909 N OCEAN BLVD. #402
 FT LAUDERDALE FL 33308

2. Principal Place of Business

4321 NW 19th AVE

Suite, Apt. #, etc.

3. Mailing Address

4321 NW 19th AVE

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

65-0932388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

JAMES L. GLASSER

Street Address (P.O. Box Number is Not Acceptable)

3909 N. OCEAN BLVD., #402

City

FT. LAUDERDALE

FL

Zip Code

33308

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

James L. Glasser, President

(NOTE: Registered Agent signature required when reinstating)

DATE

7/7/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00.
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 ☐ Delete
 NAME D
 STREET ADDRESS GLASSER, JAMES L
 CITY-ST-ZIP 3909 N OCEAN BLVD, #402
 FT LAUDERDALE FL 33308

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/00

Date

954-979-5150

Daytime Phone #

CR2E034 (5/00)