

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S88470**

1. Entity Name

JORDAN LANCE KLEINER, LTD., INC.**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90064 009 ***150.00

| | |
|---|--|
| Principal Place of Business 2565 S OCEAN BLVD SUITE 412N HIGHLAND BEACH FL 33487 US | Mailing Address 2565 S OCEAN BLVD SUITE 412N HIGHLAND BEACH FL 33444-7918 US |
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|---|---|
| 2. Principal Place of Business 500 EGRET CIRCLE | 3. Mailing Address 500 EGRET CIRCLE |
| Suite, Apt. #, etc. 8408 | Suite, Apt. #, etc. 8408 |

| | |
|-------------------------------------|-------------------------------------|
| City & State DELRAY BEACH | City & State DELRAY BEACH |
| Zip 33444 | Zip FL |
| Country PB | Country PB |



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 4. FEI Number 65-0291148 | Applied For <input type="checkbox"/> Not Applied |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---|
| 6. Name and Address of Current Registered Agent KLEINER, JORDAN LANCE 2565 S OCEAN BLVD, 412N HIGHLAND BEACH FL 33487 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> \$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 | P KLEINER, JORDAN LANCE 2565 S OCEAN BLVD, 412N HIGHLAND BEACH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | KLEINER, JORDAN 500 EGRET CIRCLE #8408 DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR