## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # V39858** Jan 27, 2000 8:00 am **Secretary of State** J.L. PROMOTIONS INC. 01-27-2000 90016 049 \*\*\*150.00 Mailing Address Principal Place of Business 1151 SE 7TH CT P.O. BOX 1801 DANIA FL 33004-1801 **STE 107** DANIA FL 33004-5317 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0343778 Not Applicable DANIA VANIA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEVY, JAMES I. Street Address (P.O. Box Number is Not Acceptable) 1151 SE 7 CT **STE 107** DANIA FL 33004-5317 Zip Code FL 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 ered agent and title if applicable. FILE NOW!!! EEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition W OWNER TITLE ☐ Defete TITLE NAME NAME LEVY, JAMES I. STREET ADDRESS STREET ADDRESS 1151 SE 7 CT #107 DANIA BCH. FL 33004 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Chande TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 of rustee 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

IRE AND TYPED OR PRINTED NAME OF SIGNIN

nate City

OFFICER OR DIRECTOR

SIGNATURE: