

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 467995

1. Entity Name

JAY LAWRENCE GROUP, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90206 034 ***150.00

Principal Place of Business

345 ALMERIA AVENUE
CORAL GABLES FL 33134
US

Mailing Address

P.O. BOX 143746
CORAL GABLES FL 33114-3746
US

2. Principal Place of Business

1840 Southwest 22 Street

3. Mailing Address

P.O. Box 451437

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33145

Country

Zip

33245

Country

4. FEI Number

59-1564401

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

SPIEGEL & UTERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Spiegel & Utrera, P.A.

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

1840 Southwest 22 Street

4th Floor

City

Miami

FL

Zip Code

33145

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.

Spiegel & Utrera, P.A.

SIGNATURE By:

Signature, typed or printed name of registered agent and title, if applicable

Natalia Utrera, Vice-President

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 PD ☐ Delete
NAME SPIEGEL, LAWRENCE J
STREET ADDRESS 345 ALMERIA AVE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PD ☒ Change ☐ Addition
NAME Spiegel, Lawrence J
STREET ADDRESS 1840 Southwest 22 Street, 4th Floor
CITY-ST-ZIP Miami, Florida 33145

TITLE ST ☐ Delete
NAME SNACHEZ, ELSIE
STREET ADDRESS 345 ALMERIA AVE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ST ☒ Change ☐ Addition
NAME Sanchez, Elsie
STREET ADDRESS 1840 Southwest 22 Street, 4th Floor
CITY-ST-ZIP Miami, Florida 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence J. Spiegel

Date

Daytime Phone #

CR2E034 (10/00)