2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

-- 05 ALMERIA AVENUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 523721

Principal Place of Business

25 ALMERIA AVENUE

THE JAY ARNOLD CREATIVE GROUP, INC.

CORAL CABLES	FL 33134-	- CORAL GABLES FL 33234-7785			*		
3775 Stewart Ave.		P.O. BOX 347785			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Coconu	t Grove, FL 33133	Coral Gal	oles, FL 33	234) (40)BL BLIED HERD SHEEL 1890 HERD HERD BLANK BLEEL BERLE BLANK BLEEL		
2. Principal Place of Business 3. Mailing Address							
		P.O. Box 347	<u> 17785 </u>		DO MOTAUDITE IN THE OPAGE		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4	4. FEI Number FO 17100F4 AF	plied For	
		Coral Gables,	;, FL		79-17 19924	ot Applicable	
Zip	Country	Zip .	Country		5. Certificate of Status Desired \$8.75 Add	ditional	
331 <i>3</i> 3	Dade	33234-7785	Dade		5. Certificate of Status Desired Fee Require	d	
	6. Name and Address of Current	Registered Agent		. 7	7. Name and Address of New Registered Agent	· '	
			Name	Name			
WEINREB, ARNOLD JAY			Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
3775 STEWART AVE							
COCONUT GROVE FL 33133]				
			City		FL Zip Cod	e	
	<u>-</u>						
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or re-	gistered	d agent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NOTI	E: Registered Agent signature r	equired whe	hen reinstating) DATE		
	Signature, typed of printed trained of regulational agents						
or this corporation is angular to terms, in-			!! FEE IS \$150.00	00	10. Election Campaign Financing \$5.0	00 May Be	
			00 Fee will be \$550 le to Department o		Trust Fund Contribution. Adde	d to Fees	
•			12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 11	
11.	OFFICERS AND		TITLE		Change	Addition	
TITLE NAME	WEINREB, ARNOLD J.	☐ Delete	NAME		Criango		
STREET ADDRESS	3775 STEWART AVENUE		STREET ADDRESS				
CITY-ST-ZIP	COCONUT GROVE FL 33133		CiTY-ST-ZIP				
TITLE	S	Delete	TITLE		☐ Change	Addition	
NAME	WEINREB, GLIKA		NAME				
STREET ADDRESS	3775 STEWART AVENUE		STREET ADDRESS		·		
CITY-ST-ZIP	COCONUT GROVE FL 33133		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE		Change	Addition	
NAME	WEINREB, GLIKA		NAME				
STREET ADDRESS	3775 STEWART AVENUE		STREET ADDRESS				
CITY-ST-ZIP	COCONUT GROVE FL 33133		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME			NAME STREET ADDRESS			.]	
STREET ADDRESS			CITY-ST-ZIP			j	
			TITLE		Change	Addition	
TITLE NAME		☐ Delete	NAME		Orlango		
STREET ADDRESS			STREET ADDRESS			}	
CITY-ST-ZIP			CITY-ST-ZIP			}	
TITLE		Delete	TITLE		Change	☐ Addition	
NAME		5000	NAME		_ •		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
13. I hereby o	certify that the information supplied wit	h this filing does not qualify fo	r the exemption stated	in Section	tion 119.07(3)(i), Florida Statutes. I further certify that the	information	
indicated	on this report or supplemental report i	e true and accurate and that r	ny sianature shall havi	a the san	ame legal effect as if made under oath; that I am an office Florida Statutes; and that my name appears in Block 11 o	r or alrector i	
changed,	, or on an attachment with an address,	with all other like empowered			,		
	URE: Alika M	Jaa aloug	lika Weinreh	,	4/27/00 305-444-2744	Ì	
SIGNAT	URE: Wille	unio	iival Mellii er	•	7/2//00 303-444-2/44		

FILED

May 07, 2000 8:00 am Secretary of State 05-07-2000 90020 033 ***150.00

Daytime Phone #