

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006217

1. Entity Name

JULES AND ASSOCIATES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90082 032 ***150.00

Principal Place of Business

Mailing Address

515 S. FIGUEROA ST., SUITE 1575
 LOS ANGELES CA 90071

515 S. FIGUEROA ST., SUITE 1575
 LOS ANGELES CA 90071-3339

2. Principal Place of Business

3. Mailing Address

515 S. Figueroa St.

515 S. Figueroa St.

City & State
 Ste 1950

City & State
 Ste 1950

Los Angeles Ca

Los Angeles ca

Zip
 90071

Zip
 90071

Country

4. FEI Number

95-4360586

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

UCC FILING & SEARCH SERVICES, INC.
 526 EAST PARK AVE.
 TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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

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

(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, 2000 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 Delete
 NAME PDS
 STREET ADDRESS BUENABENTA, JULES
 CITY-ST-ZIP 515 S. FIGUEROA ST., SUITE 1575
 LOS ANGELES CA 90071

TITLE Change Addition
 NAME President
 STREET ADDRESS Buenabenta, Jules
 CITY-ST-ZIP 515 S. Figueroa St., Ste 1950
 Los Angeles Ca 90071

TITLE Delete
 NAME DV
 STREET ADDRESS MONROE, SCOTT C
 CITY-ST-ZIP 515 S. FIGUEROA ST., SUITE 1575
 LOS ANGELES CA 90071

TITLE Change Addition
 NAME VP
 STREET ADDRESS Monroe, Scott C
 CITY-ST-ZIP 515 S. Figueroa St., Ste 1950
 Los Angeles Ca 90071

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
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TITLE Change Addition
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 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: X

Scott C. Monroe
 Scott C. Monroe, VP

213-362-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)