

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90056 048 \*\*\*150.00

**DOCUMENT # F98000006217**

1. Entity Name  
**JULES AND ASSOCIATES, INC.**

Principal Place of Business <b>515 S. FIGUEROA ST., SUITE 1575          LOS ANGELES CA 90071</b>	Mailing Address <b>515 S. FIGUEROA ST., SUITE 1575          LOS ANGELES CA 90071</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>515 S. FIGUEROA STREET</b>	3. Mailing Address <b>515 S. FIGUEROA STREET</b>
Suite, Apt. #, etc. <b>SUITE 1950</b>	Suite, Apt. #, etc. <b>SUITE 1950</b>
City & State <b>LOS ANGELES, CA</b>	City & State <b>LOS ANGELES, CA</b>
Zip <b>90071</b>	Country <b>LOS ANGELES</b>

4. FEI Number <b>95-4360586</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fees Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS BUENABENTA, JULES 515 S FIGUEROA ST STE 1950 LOS ANGELES CA 90071</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV MONROE, SCOTT C 515 S FIGUEROA ST STE 1950 LOS ANGELES CA 90071</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MICHAEL BEHAR 515 S. FIGUEROA STREET, SUITE 1950 LOS ANGELES, CA 90071</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOSEPH P. MAURIELLO 515 S. FIGUEROA STREET, SUITE 1950 LOS ANGELES, CA 90071</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SCOTT C. MONROE *2/26/01* (213) 362-5600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)