

2000 UNIFORM BUSINESS REPORT (UBR)

5/31

DOCUMENT # L02052

1. Entity Name

JOCKEY HOLDING, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

05-03-2000 90047 039 ***150.00

Principal Place of Business	Mailing Address
C/O SG MIAMI SERVICE CORP 11111 BISCAYNE BLVD FL 33181-3404	C/O SG MIAMI SERVICE CORP 11111 BISCAYNE BLVD MIAMI FL 33181-3404

2. Principal Place of Business 1111 Biscayne Blvd Suite, Apt. #, etc. Miami, FL 33181 City & State Zip 33181 Country	3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0135534	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARBARA HERMAN HERMAN, M. JACK 11111 BISCAYNE BLVD. N. MIAMI FL 33181-3404	7. Name and Address of New Registered Agent Name BARBARA HERMAN Street Address (P.O. Box Number is Not Acceptable) 11111 Biscayne Blvd City Miami FL Zip Code 33181
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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 Barbara Herman DATE 5/25/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, JACK 11111 BISCAYNE BLVD. NORTH MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBARA HERMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11111 Biscayne BLV Miami FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARDINIA, HILLARY A 11111 BISCAYNE BLVD. NORTH MIAMI FL 33181 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: BARBARA HERMAN DATE: 4/21/00 (705) 895-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA HERMAN

CR2E034 (9/99)