

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90029 049 ***150.00

DOCUMENT # M36682

1. Entity Name

ELLEN JACOBY CASTING INTERNATIONAL LTD., INC.

Principal Place of Business

Mailing Address

~~420 LINCOLN ROAD~~
~~STE. 210~~
~~MIAMI BEACH FL 33139~~

~~420 LINCOLN ROAD~~
~~STE. 210~~
~~MIAMI BEACH FL 33139~~

2. Principal Place of Business

300 BISCAYNE BLVD WAY

Suite, Apt. #, etc.

1150

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Address

300 BISCAYNE BLVD WAY

Suite, Apt. #, etc.

1150

City & State

MIAMI, FL

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2715546**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBY, ELLEN
420 LINCOLN RD., #210
MIAMI BEACH FL 33139

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

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, 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 **P** ☐ Delete
NAME **JACOBY, ELLEN**
STREET ADDRESS **900 BAY DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **T** ☐ Delete
NAME **MICHAEL DOCK**
STREET ADDRESS **600 NE 36TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 information.

SIGNATURE:

ELLEN R. JACOBY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Jan '01 *305-373-0073*
Date Daytime Phone #

CR2E034 (10/00)