

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91100 025 \*\*\*\*61.25

**DOCUMENT # N15965**

1. Entity Name

**THE MIAMI ARTISTS GUILD, INC.**

Principal Place of Business

Mailing Address

C/O JILL HENNER  
7855-SW-106-CIRCLE  
MIAMI-FL-33173

C/O JILL HENNER  
7855-SW-106-CIRCLE  
MIAMI-FL-33173

2. Principal Place of Business

**8715 PINE CAY**

3. Mailing Address

**8715 PINE CAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH, FL**

City & State

**WEST PALM BEACH, FL**

Zip

**33411**

Country

**USA**

Zip

**33411**

Country

**USA**

4. FEI Number

**59-2765551**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENNER, JILL

7855-SW-106-CIRCLE  
MIAMI-FL-33173

**new address**  
**8715 PINE CAY**  
**WEST PALM BEACH**  
**FL 33411**

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

*Jill Henner*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**27 APR 01**

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<b>SAME</b> <input type="checkbox"/> Delete
NAME	HENNER, JILL	
STREET ADDRESS	7855-SW-106-CIRCLE	<b>NEW ADDRESS</b>
CITY-ST-ZIP	MIAMI-FL	
TITLE	D	<b>SAME</b> <input type="checkbox"/> Delete
NAME	DAILEY, JACK	
STREET ADDRESS	7855-SW-106-CIRCLE	<b>NEW ADDRESS</b>
CITY-ST-ZIP	MIAMI-FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISS, P. JEANNINE	
STREET ADDRESS	10925 SW 119 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8715 PINE CAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8715 PINE CAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**27 APR 01 561-784-0031**

Date

Daytime Phone #

CR2E037 (10/00)