2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90048 019 ***150.00

0195424

DOCUMENT # P00000062774

1. Entity Name
JUCLAUER CORPORATION

Principal Place of Business	Mailing Address
C/O ROTH. ROUSSO & BENJAMIN. P.A. 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156	C/O ROTH. ROUSSO & BENJAMIN. P.A. 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3440 HOLLYWOOD BLVD		3440 HOLLYWOOD BLVD	
Suite, Apt. #, etc.: 360		Suite, Apt. #, etc.: 360	
City & State: HOLLYWOOD, FL		City & State: HOLLYWOOD, FL	
Zip: 33021	Country: U.S.A.	Zip: 33021	Country: U.S.A.

4. FEI Number: 65-1021153 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ.
C/O ROTH, ROUSSO & BENJAMIN, P.A.
9350 SOUTH DIXIE HWY. PH 2
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name: ROTH, LEONARDO A. ESQ
Street Address (P.O. Box Number is Not Acceptable): 3440 HOLLYWOOD BLVD, SUITE 360
City: HOLLYWOOD FL Zip Code: 33021

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] LEONARDO A ROTH, ESQ 4-27-01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VARSI, JUAN JOSE		NAME		
STREET ADDRESS	ARROYO 863, #4 "A" (1007) BUENOS AIRES		STREET ADDRESS		
CITY-ST-ZIP	ARGENTINA		CITY-ST-ZIP		
TITLE	DVS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DE VARSI, MARTA SUSANA D		NAME		
STREET ADDRESS	ARROYO 863, #4 "A" (1007) BUENOS AIRES		STREET ADDRESS		
CITY-ST-ZIP	ARGENTINA		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: [signature] JUAN JOSE VARSI 4-27-01 954-322-4280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #