

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070241

1. Entity Name

JUDITH ART STUDIOS, INC.

Principal Place of Business

~~3709 NW 7TH STREET
CENTRAL SHOPPING PLAZA
MIAMI FL 33126~~

Mailing Address

~~3709 NW 7TH STREET
CENTRAL SHOPPING PLAZA
MIAMI FL 33126-5501~~

2. Principal Place of Business

3711 NW 7th Street

3. Mailing Address

3711 NW 7th Street

Suite, Apt. #, etc.

Central Shopping Plaza

Suite, Apt. #, etc.

Central Shopping Plaza

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Zip

33126

Country

Dade

Country

Dade

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90131 036 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0692595** Applied For
 Not Applicable

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

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, 2000 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 **PSTD**
NAME **ACOSTA, JUDITH R**
STREET ADDRESS **3709 N.W. 7TH STREET**
CITY-ST-ZIP **MIAMI FL 33126**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3711 NW 7th Street
Miami, FL 33126

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Change

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: *Judith R. Acosta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 305 643 9922
Date Daytime Phone #

CR2E034 (9/99)