

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083381

1. Entity Name

CLONING ART, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90103 005 ***150.00

Principal Place of Business	Mailing Address
424 EAST DILIDO DR MIAMI BEACH FL 33139	424 EAST DILIDO DR MIAMI BEACH FL 33139-1234



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 424 E. DILIDO DR. Suite, Apt. #, etc.	3. Mailing Address 424 E. DILIDO DR. Suite, Apt. #, etc.
City & State MIAMI BEACH FL.	City & State MIAMI BEACH FL.
Zip 33139 Country USA	Zip 33139 Country USA

4. FEI Number 65-0866907	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HURWITZ, WILLIAM
 424 EAST DILIDO DR
 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 _____ (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.

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	
TITLE P	<input type="checkbox"/> Delete
NAME HARWITZ, ROBERTA	
STREET ADDRESS 424 E DILIDO DR	
CITY-ST-ZIP MB FL 33139	
TITLE VP	<input type="checkbox"/> Delete
NAME HARWITZ, WILLIAM	
STREET ADDRESS 424 E DILIDO DR	
CITY-ST-ZIP MB FL 33139	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	

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: William Scruff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00 305-531-6115
 Date Daytime Phone #

CR2E034 (9/99)