

**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

Sep 11 01 06:32pm Lane Management

305

09-19-2001 90123 003 \*\*\*550.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P99000062688</b>			
1. Entity Name: <b>JAWS &amp; CLAWS, INC.</b>			
Principal Place of Business <b>281 POCATELLA STREET MIAMI SPRINGS FL 33166</b>		Mailing Address <b>281 POCATELLA STREET MIAMI SPRINGS FL 33166</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0936850</b>			
Applied For: <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>FLINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132</b>		7. Name and Address of New Registered Agent Name: <b>LAW MANAGEMENT GROUP</b> Street Address (P.O. Box Number is Not Acceptable): <b>1019 RANG CONCOURSE SUITE 202</b> City: <b>BAY HARBOUR ISLANDS FL</b> Zip Code: <b>33154</b>	
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: <i>Diana Williams</i> 9/10/01			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	<b>D WILLIAMS, DIANA</b>	<input type="checkbox"/> Delete	
NAME	<b>281 POCATELLA STREET</b>		
STREET ADDRESS	<b>MIAMI SPRINGS FL 33166</b>		
CITY- ST- ZIP			
TITLE	<b>D WILLIAMS, WALTER</b>	<input type="checkbox"/> Delete	
NAME	<b>281 POCATELLA STREET</b>		
STREET ADDRESS	<b>MIAMI SPRINGS FL 33166</b>		
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			
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			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Diana Williams, Resident</i> 9/10/01			

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DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)