2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAR -9 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F84295

1. Entity Name

MICHELE POMMIER MODELS, INC.

Principal Place of Business	Mailing Address
927 LINCOLN ROAD SUITE 200 MIAMI BEACH, FL 33139	927 LINCOLN ROAD SUITE 200 MIAMI BEACH, FL 33139

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE 1/12/00 90077 019 $150.00

4. FEI Number 59-2202633 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHAEL D. LOZOFF 801 BRICKELL AVENUE SUITE 1501 MIAMI, FLORIDA 33131	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PS DIEL, MICHELE POMMIER 8180 S.W. 47 AVENUE MIAMI, FLORIDA	☒ Delete XX	DP KREUSLER, ROBERT G. 927 LINCOLN ROAD, SUITE 200 MIAMI BEACH, FLORIDA 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP COMINSKY, BARBARA 927 LINCOLN ROAD, SUITE 200 MIAMI BEACH, FLORIDA 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	ST VANTERPOOL, CAROL 927 LINCOLN ROAD, SUITE 200 MIAMI BEACH, FLORIDA 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D AKSELRAD, SERGIO 927 LINCOLN ROAD, SUITE 200 MIAMI BEACH, FLORIDA 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D ESCH, DETER 927 LINCOLN ROAD, SUITE 200 MIAMI BEACH, FLORIDA 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D GAULTHIER, MARILYN 927 LINCOLN ROAD, SUITE 200 MIAMI BEACH, FLORIDA 33139	☐ Change ☒ Addition KE

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: Robert G. Kreusler DPres. 3/6/00 305-674-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #