2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 AM
Secretary of State

DOCUMENT# F84295

Entity Name: MICHELE POMMIER MODELS, INC.

Current Principal Place of Business:

927 LINCOLN RD
SUITE 200
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

927 LINCOLN RD
SUITE 200
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 59-2202633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOZOFF, MICHAEL D.
801 BRICKELL AVENUE
SUITE 1501
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KREUSLER, ROBERT G
Address: 927 LINCOLN RD, SUITE 200
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP ( ) Delete
Name: COMINSKY, BARBARA
Address: 927 LINCOLN RD, SUITE 200
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: ST ( ) Delete
Name: VANTERPOOL, CAROL
Address: 927 LINCOLN RD, SUITE 200
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D ( ) Delete
Name: AKSELRAD, SERGIO
Address: 927 LINCOLN RD, SUITE 200
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D ( ) Delete
Name: ESCH, DETER
Address: 927 LINCOLN RD, SUITE 200
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D ( ) Delete
Name: GAULTHIER, MARILYN
Address: 927 LINCOLN RD, SUITE 200
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G. KREUSLER PRES 04/11/2002

Electronic Signature of Signing Officer or Director Date