## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR P02000081245 **DOCUMENT #**

1. Entity Name

TAKE ONE TALENT AGENCY, INC.



## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90358 018 \*\*\*150.00

9711 W SAMI	ce of Business PLE RD NGS FL 33065	:	Mailing Address 9711 W SAMPLE RD CORAL SPRINGS FL 33065									
2. Principal Place of Business			3. Mailing Address					i <b>a</b> li <b>as</b> li <b>ca</b> lli	I II I	#101 [1 <b>4] 8</b> 1[8] 1	46    1	
Suite, Apt	. #, etc.		Suite Apt.	#, etc.	^_		CHEC	CK HERE IF	MAKING	CHANGES	•	
City & State			City & State			4.2	4. FEI Number Applied Fo Not Applied Fo					-
Zip Country			Zip Cour		Country	5. Certificate of Status I		Desired		\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Age	nt		7. 1	Name and Address	of New Re	gistered A	\gent		]
					Name							1
	& UTRERA,			Street Addre			ss (P.O. Box Number is Not Acceptable)					
	22 ST 4 FLI	₹				•		. ,				4
MIAMI FL	33145											İ
			•		City			.,	FL	Zip Cod	e	
	e named entity tions of registe	submits this statement fo ered agent.	or the purpose of	changing its r	egistered office or r	egistered ag	ent, or both, in the S	state of Flori	da. I am f	amiliar with,	and accept	
SIGNATURE	Signature, typed o	or printed name of registered agent	and title if applicable.	(NOTE:	Registered Agent signature	required when re	instating)		DATE	••••		
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State		· - ·	ಾರ್ಗ ಪಾಸ	9. Election Can Trust Fund C	. •			<b>0</b> May Be I to Fees	
10.		OFFICERS AND		<del></del>	11.	- An	<u> </u>  DITIONS/CHANGE	S TO OFFIC	FRS AND	DIRECTORS	S IN 11	-
TITLE	DPS			Delete	TITLE	710	271014070174102	0,000,110	.21.07.11	☐ Change	Addition	۱ ۾
NAME		MARGARET		2 150.00	NAME						_	(
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	1				STREET ADDRESS							

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

لسا ... DIRECTOR