

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90095 039 ***150.00

DOCUMENT # P99000072656

1. Entity Name

ACTORS & MODELS CAREER CENTER, INC.

Principal Place of Business

11195 NORTH KENDAL DRIVE
 UNIT J108
 MIAMI FL 33176

Mailing Address

11195 NORTH KENDAL DRIVE
 UNIT J108
 MIAMI FL 33193-4095

2. Principal Place of Business

12233 SW 112 STREET

Suite, Apt. #, etc.

MIAMI FL 33186

City & State

3. Mailing Address

8388 SW 152 AVE

Suite, Apt. #, etc.

25

City & State

MIAMI FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0941783

Applied For

Not Applicable

Zip

Country

USA

Zip

33193

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____

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.

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	PSD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MANNY A	
STREET ADDRESS	11195 NORTH KENDAL DRIVE UNIT J108	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, TATIANA	
STREET ADDRESS	11195 NORTH KENDAL DRIVE UNIT J108	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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: *Manny Rodriguez* (PSD)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **(305) 388-8008**

CR2E034 (9/99)