2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700003083 1. Entity Name

MODEL EXPO, INC.

Principal Place of Business

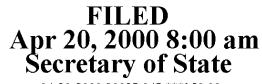
Mailing Address

--- N 29TH TERRACE

----- 101 TWOOD FL 33020 PO BOX 221220

HOLLYWOOD FL 33022-1220

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



04-20-2000 90037 047 ***150.00



Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc. Suit			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State C			City & State	City & State			El Number 2	2-2051631	_		plied For t Applicable	
Zip —	-	Country	Zip	Coun	try	5. (5. Certificate of Status Desired					
_	6. Name	and Address of Current R	egistered Agent			7. N	lame and Addre	ss of New Regist	ered A	jent		
MOSKO, MARC MODEL EXPO, INC. 3850 N. 29TH TERRACE, SUITE 101 HOLLYWOOD FL 33020					Name Street Address (P.O. Box Number is Not Acceptable)							
				I	City FL Zip Code							
	named entit	y submits this statement for	the purpose of changing	g its registere	ed office or	registered ag	ent, or both, in th	ne State of Florida.	•		_	
SIGNATURE .	Signature, typed	or printed name of registered agent as	nd title if applicable. ((NOTE: Registere	d Agent signatu	re required when re	instating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2000 Make Check Payable			, 2000 Fee	will be \$5	50.00		Campaign Financir d Contribution.	ng 🗆		May Be I to Fees		
11.		OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHAN	GES TO OFFICER	S AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MARC 29TH TERRACE - SUITE DOD FL 33020	Delete		1					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSKO, 3850 N. 2		Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, · · · ,	JOB IL GOOD	☐ Delete	1	1	BRENT 3850	N 29TH	RHON SERRAC FL 33	ε,	□ Change SUITE	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			NUCLI	<u>,</u>	<u> </u>	<i>,</i>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	. Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
indicator	d on this rend	ne information supplied with ort or supplemental report is the receiver or trustee empo	true and accurate and th	nat my siana	ture snali ni	ave the same.	iedal effect as it.	made under oath:	tnat i ai	n an ollicer	or director	

changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC MUSKO PRESIDET