

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90026 043 ****55.00

DOCUMENT # L00000009887

1. Entity Name

FASHION M.I.A. FASHION MODEL'S INDUSTRY ASSOCIATION, LLC

Principal Place of Business

**3800 WEST BROWARD BLVD. 1ST FL
 FT LAUDERDALE FL 33312**

Mailing Address

**3800 WEST BROWARD BLVD. 1ST FL
 FT LAUDERDALE FL 33312**

2. Principal Place of Business

6250 West Oakland Park Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

16

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33313

Country

Broward

Zip

33313

Country

USA

4. FEI Number

65-1027937

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JONES, LINDA M
 3800 WEST BROWARD BLVD
 FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name **Linda M. Jones**
 Street Address (P.O. Box Number is Not Acceptable) **6250 W. Oakland PK. BLVD.**
Suite 16
 City **Sunrise** FL Zip Code **33313**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
 NAME **JONES, LINDA M**
 STREET ADDRESS **PO BOX 245881**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **MGR** ☐ Delete
 NAME **JONES, DELPHIA M**
 STREET ADDRESS **1919 MORGAN**
 CITY-ST-ZIP **PARSONS KS 67357**

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **Jones, Linda M.**
 STREET ADDRESS **P.O. Box 190651**
 CITY-ST-ZIP **Immerrary, FL 33319**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/22/02 954-749-8757

CR2E083 (9/01)