

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90156 044 \*\*\*150.00

**DOCUMENT # M74008**

1. Entity Name

**ROLE MODEL BUILDERS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**12080 TARA DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address

**12080 TARA DRIVE**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PLANTATION, FLORIDA**

City & State  
**PLANTATION, FLORIDA**

4. FEI Number  
**650039329**

Applied For  
Not Applicable

Zip  
**33325**

Country  
**USA**

Zip  
**33325**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**ANTHONY M MINGOIA**

Street Address (P.O. Box Number is Not Acceptable)

**12080 TARA DRIVE**

City  
**PLANTATION**

**FL**

Zip Code  
**33325**

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 reconstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PRES/TREAS  
ANTHONY M MINGOIA  
12080 TARA DRIVE  
PLANTATION, FL 33325**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VP/SEC  
TEALA L MINGOIA  
12080 TARA DRIVE  
PLANTATION, FL 33325**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

954-472-5224

Daytime Phone #

CR2E034B (12/01)