

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90044 014 ***150.00

0243579 AV

DOCUMENT # P00000007548	
1. Entity Name THE RIGHT EXPOSURE, INC.	
Principal Place of Business 15791 S.W. 148TH TERR. MIAMI FL 33196-5703 US	Mailing Address 15791 S.W. 148TH TERR. MIAMI FL 33196-5703 US



2. Principal Place of Business 10350 W. BAY HARBOR DR	3. Mailing Address 10350 W. BAY HARBOR DR
Suite, Apt. #, etc. #2E	Suite, Apt. #, etc. #2E
City & State BAY HARBOR ISLANDS, FL	City & State BAY HARBOR ISLANDS, FL
Zip 33154-1234	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0981371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTEAGUDO, MARIA C 15791 S.W. 148TH TERR. MIAMI FL 33196-5703	
7. Name and Address of New Registered Agent Name MARIA C. MONTEAGUDO Street Address (P.O. Box Number is Not Acceptable) 10350 W. BAY HARBOR DR #2E City BAY HARBOR ISLANDS FL Zip Code 33154-1234	

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 DATE **4-19-2002**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTEAGUDO, MARIA C 15791 S.W. 148 TERR. MIAMI FL 33196-5703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTEAGUDO, MARIA C. 10350 W. BAY HARBOR DR #2E BAY HARBOR ISLANDS, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **4-19-2002** DAYTIME PHONE # **305-608-2567**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)