

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054450

1. Entity Name

NAME CHANGE FILED  
SOUTH BEACH MODELS, INC.

Principal Place of Business

Mailing Address

ADDRESS CHANGE FILED

2. Principal Place of Business

3. Mailing Address

212 SE 22<sup>ND</sup> AVENUE 212 SE 22<sup>ND</sup> AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#9

#9

City & State  
POMPANO BEACH, FL

City & State  
POMPANO BEACH, FL

Zip

Country

Zip

Country

33062

USA

33062

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Rocco, Richard S.  
212 SE 22<sup>ND</sup> AVENUE, #9  
POMPANO BEACH, FL 33062

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

Richard S. Rocco PRESIDENT

5-30-01

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. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-01

Date

954-784-1129

Daytime Phone #

FILED  
SECRETARY OF STATE  
01 JUN -4 PM 4:02

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

AD