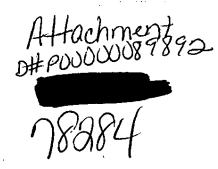
₃ <b>200</b> '	L 1 UNIFORM BUSI	NESS REPO	.      \ RT (UB	R)	Sep 17, 2	LED 001 8:	300 am
DOCUMENT # 000000 89892  1. Entity Name					Secretary of State 08-29-2001 90011 018 ***150.00		
ME	DELPROP. COM, I	INC.		TA			
Principal Place of Business Mailing Address  PD BOX 3574  Hallandale, FL 33008					78284		
2. Principal F	Place of Business	3. Mailing Address					
Suite Apt. #, etc. 3574		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	Pardale FL	City & State		4.	FEI Number 65-1048937		oplied For ot Applicable
3300	of Country A	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad Fee Requir	
	6. Name and Address of Current F	tegistered Agent	Name	·· 7,-	Name and Address of New Regist	ered Agent	
LORI SHWHLTZ			Street /	Street Address (P.O. Box Number is Not Acceptable)			
Mary, FL 33/60			City	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	,					Ť	
	Signature, typed or printed name of registered agent ar		Registered Agent signa		reinstating) (	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOWIII FEE IS \$550.00  After September 12, 2001 Fee will be \$750.00  Make Check Payable to Department of State					10. Election Campaign Financin Trust Fund Contribution.	••••	00 May Be d to Fees
11.	I OFFICERS AND D		12.	Al	DDITIONS/CHANGES TO OFFICERS		
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOVI 1930 SUNN	Colling Ave. Ider, F1 33160	□ Change '	DE034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		Change	Addition S
TITLE NAME	4-	Delete Delete	TITLE NAME		فعد الراسي الماد المادي المادي	☐ Change	Addition
-street address -city-st-zip -		- 17	_ STREET ADDRESS .				
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
TITLE		Delete	CITY+S1-ZIP TITLE			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		. :	NAME Street address City-S1-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	HITLE NAME STREET ADORESS 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 received by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an adequase with all other like empowered.  SIGNATURE:							



## ModelPrep.com

August 20,2001

To Whom it may concern:

Although this is a late filing of The Uniform Business Report, I was informed that a check for \$150.00 would be accepted.

This corporation, ModelPrep.com,Inc. upon opening for business,in February of 2001, did not receive the initial mailed document requiring payment by May.

There had been some confusion with the correct postal PO box, in receiving mails , sent to The ModelPrep business address. The Uniform Business report had been included in that mixup.

I certainly apologize for the delay, however mistakes do happen, and this is an example of one.

Respectfully, please understand, this can happen to anyone, anywhere!!!!

Hopefully, it will not occur again...

Thankyou.

Kespectully your

Lori Schwartz

CEO/ModelPrep.com,Inc.

ModelPrep.com,Inc. 19380 Collins Ave. Ste.318 toll free 866-931-4369 fax 305-931-4369 Miami, Florida 33160