

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

DOCUMENT # **P00000 107953**

1. Entity Name **ENEIDA'S MODEL & TALENT
AGENCY, INC.**



FILED

03 FEB -6 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1911 NE 187 DR

Suite, Apt. #, etc.

3. Mailing Address

1911 NE 187 DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH FL

City & State

FL NORTH MIAMI B

Zip

33179

Country

Zip

33179

Country

4. FEI Number

65-1059604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BERGLUND, JULIA

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

17031 NE 20 AVE #1

City

NORTH MIAMI BEACH

FL

Zip Code

33162

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** **BERGLUND JULIA**
NAME **1911 NE 187 DR**
STREET ADDRESS **NORTH MIAMI BEACH, FL 33179**
CITY-ST-ZIP

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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Julia Berglund**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

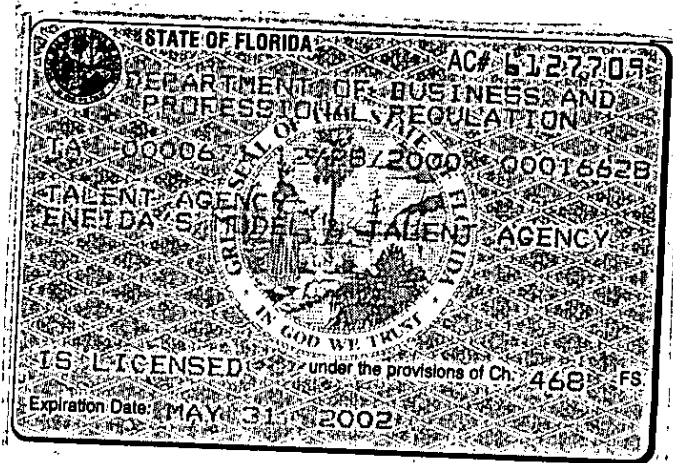
JANUARY 24/03

Date

Daytime Phone #

786-262-2830
305 692 5985

CR2E034B (12/02)





FLORIDA DEPARTMENT OF STATE

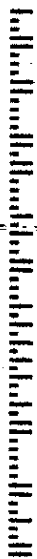
Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



TO: 0257621 RU

**AUTO T4 0 1201 33162-325803



P00000107953

ENEIDA'S MODEL & TALENT AGENCY, INC.
17091 NE 20 AVE STE #3
N MIAMI BCH FL 33162-3258

FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS

54121

PAIGE R. BERGLUND OR
JULIA E. BERGLUND
17031 N. E. 20TH AVE., APT. 1
NORTH MIAMI BEACH, FL 33162

1746

63-4/630 FL
1519

Date 04-29-02

Pay DEPARTMENT OF STATE. \$ 150.00
to the order of

ONE HUNDRED A FIFTY Dollars ~~Dollars~~

Bank of America.



ACH R/T 063100277

Memo BUSINESS REPORT

Julia Berglund.

⑆063000047⑆ 00146526607⑆ 1746

PAIGE R. BERGLUND OR
JULIA E. BERGLUND
17031 N. E. 20TH AVE., APT. 1
NORTH MIAMI BEACH, FL 33162

1747

63-4/630 FL
1513

Date 04-29-02

Pay DEPARTMENT OF STATE \$ 8.75~~0~~
to the order of

EIGHT DOLLARS 75¢ Dollars

Bank of America

ACH R/T 083100277

Memo additional fee required.

00630000471: 0014652660711 1747

Julia Berglund