

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

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90255 049 \*\*\*150.00

**DOCUMENT #**  
1. Entity Name  
**GOSSE MODELS CORPORATION**

**DO NOT WRITE IN THIS SPACE**

**94072852**

<b>2. Principal Place of Business</b> <b>3741 N.W. 71ST STREET</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> <b>3741 N.W. 71ST STREET</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> <b>COCONUT CREEK, FL</b>	<b>City &amp; State</b> <b>COCONUT CREEK, FL</b>	<b>4. FEI Number</b> <b>65-1058540</b>	<b>Applied For</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>Zip</b> <b>33073</b>	<b>Country</b> <b>USA</b>	<b>Zip</b> <b>33073</b>	<b>Country</b> <b>USA</b>

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
**AMERICAN INFORMATION SERVICES, INC**

**Street Address (P.O. Box Number is Not Acceptable)**  
**ONE S.E. 3RD AVENUE, 28TH FLOOR**

**City**  
**MIAMI**

**FL** **Zip Code**  
**33131**

**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 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** **\$5.00 May Be**  
**Trust Fund Contribution** ☐ **Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**PRESIDENT**  
**NAME**  
**ELIZABETH ROQUE**  
**STREET ADDRESS**  
**3741 N.W. 71ST STREET**  
**CITY - ST - ZIP**  
**COCONUT CREEK, FL 33073**

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**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**