

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90031 015 \*\*\*150.00

**DOCUMENT # P01000041134**  
 1. Entity Name  
**PIER MODEL MANAGEMENT, CORP.**

Principal Place of Business      Mailing Address  
**9380 SW SUNSET DRIVE - STE B 245**      **9380 SW SUNSET DRIVE - STE B 245**  
**MIAMI FL 33173**      **MIAMI FL 33173**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6355 NW 36 ST</b>	3. Mailing Address <b>6355 NW 36 ST</b>
Suite, Apt. #, etc. <b>406</b>	Suite, Apt. #, etc. <b>406</b>
City & State <b>VIRGINIA GARDENS</b>	City & State <b>VIRGINIA GARDENS</b>
Zip <b>33166</b> Country <b>USA</b>	Zip <b>33166</b> Country <b>USA</b>

4. FEI Number **051097187**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent <b>MONTANO MONTANO PIERINA D</b> <b>9380 SW SUNSET DRIVE - STE B 245</b> <b>MIAMI FL 33173</b>	7. Name and Address of New Registered Agent Name <b>MONTANO PIERINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6355 NW 36 ST # 406</b> City <b>VIRGINIA GARDENS FL</b> Zip Code <b>33166</b>
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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 **02/11/02**

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)

**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.  **\$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	<b>PSD MONTANO, PIERINA D 17041 SW 139TH PLACE MIAMI FL 33177</b> <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
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 **02/11/02**      DAYTIME PHONE # **(305) 870-9777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)