

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

DOCUMENT # **P02000063604**

1. Entity Name **MOTION MODELS INC**



FILED

05 MAR -2 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
CORAL SPRINGS FL
Suite, Apt. #, etc.

3. Mailing Address
2141 N. UNIVERSITY DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FL
Zip
12345
Country
USA

City & State
Zip
Country

4. FEI Number
04-37000236

Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name **JOEL ROSEN**
Street Address (P.O. Box Number is Not Acceptable)
2141 N. UNIVERSITY DR #359
City **CORAL SPRINGS** FL Zip Code **33071**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT - JOEL ROSEN
2141 N. UNIVERSITY DR
CORAL SPRINGS FL 12345**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECTY - JUDITH ROSEN
2141 N. UNIVERSITY DR
CORAL SPRINGS FL 12345**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**000048441140
03/15/05--01027--016 **150.00**

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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

1/15/05 1-800-846-3172

CR2E034B (12/02)