FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *PO2000063213*1. Entity Name

SUZI'S INTERNATIONAL MODELS



FILED Jun 12, 2003 8:00 am Secretary of State

06-12-2003 90010 002 ***550.00

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	DO NOT WRI	TE IN THIS S	PAC	E	
				e grande i de la companya de la comp O seguina de la companya de la comp	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		
4531 DELEON ST.			8600 BR. HAV: A DR.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
2//		City 8 City			A CELAL L
City & Stat		City & State F1 MV in 5	FC		4. FEI Number Applied For Not Applied able
Zip	Country	Zip	Cour	itry	\$9.75 Additional
3490		39912		<u> </u>	5. Certificate of Status Desired Fee Required
erigginerigger for special constr-			美国工艺		7. Name and Address of Current Registered Agent
				Name José	EPH E. HOSFELD
	DO NOT	WRITE			(P.O. Box Number is Not Acceptable)
	Same and the second				
IN THIS SPACE					BA: HAN; A DR.
				City	V=nS FL Zip Code 339/2
				City F + M	VENS
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.					
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SIGNATURE	Hospit E. B		EPH	E HOSF	6-9-03 Swhen reinslatung) DATE
Jai	nuary 1 - May 1 Fee is \$150.0 After May 1, Fee is \$550.00				9. Election Campaign Financing \$5.00 May Be
	Amended UBR is \$61.25				Trust Fund Contribution. Added to Fees
Make Check 10.	Payable to Florida Departme	AND DIRECTORS			
TITLE T	PRES + SFL	AND DIRECTORS	LITE OF THE		
NAME	suci HOSFELD		F-100 100 100 100 100 100 100 100 100 100	€	
STREET ADDRESS	8600 BR: HANIA DI	2.	3 (2) 3800	ET ADDRESS	
CITY-ST-ZIP	Ft. Myons FC	33912	CATY	-ST-ZIP	
TITLE	V.P. + TRES		HIL	E sala a mil am seco	
NAME	JOSEPH E. HOSFE		NAM	E	
STREET ADDRESS	8600 BA. HANIA		翻海 斯	ET ADDRESS	
CITY-ST-ZIP	Ft. MYERS FC	33912	250,000	ST-ZIP	
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NAME			NAM		IN THIS SPACE
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NAME			NAM	c Carrier of the Carr	
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CITY-ST-ZIP			5.0	ST-ZIP	
12. I hereby	certify that the information supplied	with this filing does not qualify fo	r the exe	mption stated in Sec	ection 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: JOSEPH E. HOSFELD 6-9-03 239-268-818
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date