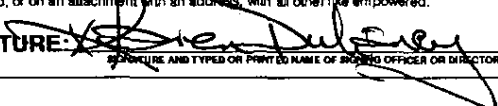


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91825 001 ***450.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000111058			
1. Entity Name GAZELLE MODEL MANAGEMENT, INC.			
Principal Place of Business C/O TR HERRERA FINANCIAL SERVICES, INC. 1250 E HALLANDALE BCH BLVD STE 1004 HALLANDALE, FL 33009		Mailing Address C/O TR HERRERA FINANCIAL SERVICES, INC. 1250 E HALLANDALE BCH BLVD STE 1004 HALLANDALE, FL 33009	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 13-4218417		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRERA, THOMAS R C/O TR HERRERA FINANCIAL SERVICES, INC. 1250 E HALLANDALE BCH BLVD STE 1004 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when retaining) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ NAME DUHANEY, KAREN STREET ADDRESS 3101 ABIACA CIR CITY-ST-ZIP DAVIE, FL 33328		TITLE _____ NAME DUHANEY, KAREN STREET ADDRESS 140 SW 46th TERRACE #105 CITY-ST-ZIP PLANTATION, FL 33324	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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 register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		04/25/03 94-457-0970	
Typed or printed name of officer or director		Daytime Phone #	

55032894



☐ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)