

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90700 020 ***150.00

DOCUMENT # P93000059619

1. Entity Name

MAXINE'S MODELS CLIQUE, INC.

Principal Place of Business

**7795 W. FLAGLER ST
 SUITE 44
 MIAMI FL 33144
 US**

Mailing Address

**7795 W. FLAGLER ST.
 SUITE 44
 MIAMI FL 33144
 US**

808000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2210 Country Club Prado

3. Mailing Address

2210 Country Club Prado

Suite, Apt. #, etc.

Coral Gables FL

Suite, Apt. #, etc.

Coral Gables, FL

City & State

405 University Drive

City & State

33134

USA

4. FEI Number

65-0437456

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ALVAREZ, JORGE A
 2210 COUNTRY CLUB PRADO
 CORAL GABLES FL 33134**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **PD** ☐ Delete
 NAME **MITCHELL, MAXINE**
 STREET ADDRESS **2210 COUNTRY CLUB PRADO**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **VSD** ☐ Delete
 NAME **ALVAREZ, JORGE A**
 STREET ADDRESS **2210 COUNTRY CLUB PRADP**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

CR2E034 (9/01)

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:

SIGNATURE *[Signature]* **VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-02

305-9725113