

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90085 003 ***150.00

DOCUMENT # P94000079720

1. Entity Name
MODEL MAKER, INC.

Principal Place of Business
14050 SOUTHWEST 15 COURT
FORT LAUDERDALE FL 33325

Mailing Address
14050 SOUTHWEST 15 COURT
FORT LAUDERDALE FL 33325

2. Principal Place of Business
16824 86th ST. North

3. Mailing Address
16824 86th St. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL.

City & State
WEST PALM BEACH, FL.

4. FEI Number **65-0531871**

Applied For
 Not Applicable

Zip **33470** Country **U.S.A.**

Zip **33470** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent

VALDES, HENRY
14050 SW 15 CT.
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name **HENRY VALDES**

Street Address (P.O. Box Number is Not Acceptable)

16824 86th St. North

City **WEST PALM BEACH** **FL** Zip Code **33470**

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 **P** ☐ Delete
 NAME **VALDES, HENRY L**
 STREET ADDRESS **14050 SOUTHWEST 15 COURT**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33325**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
 NAME **HENRY L. VALDES**
 STREET ADDRESS **16824 86th St. North**
 CITY-ST-ZIP **WEST PALM BEACH, FL. 33470**

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

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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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

Date

561-793-4800

Daytime Phone #

CR2E034 (9/01)