

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034883

1. Entity Name

SOUTH FLORIDA MODELS, INC.

Principal Place of Business

Mailing Address

1650 N FEDERAL HWY., #7  
POMPANO BEACH FL 33062  
US

1650 N FEDERAL HWY., #7  
POMPANO BEACH FL 33062  
US

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 65-0578876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVE., STE 900  
MIAMI FL 33131

Name  
GUTTA, FRANK CPA

Street Address (P.O. Box Number is Not Acceptable)  
8211 W BROWARD BLVD

#411

City  
PLANTATION

FL

Zip Code  
33324

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 state if applicable.

(NOTE: Registered Agent signature required when resigning)

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, 2001 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 D  
NAME PARILLO, MARK  
STREET ADDRESS 1650 N FEDERAL HWY., #7  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/T/S/  
NAME SAMUELS, BRANDON  
STREET ADDRESS 1625 SE 14 STREET  
CITY-ST-ZIP FT LAUDERDALE, FL 33316 ☐ Change ☒ Addition

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRANDON SAMUELS

3/13/01

Date

Daytime Phone #

FILED  
Apr 11, 2001 8:00 am  
Secretary of State

03-19-2001 90020 028 \*\*\*150.00

35737



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)