

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

(AMENDED)

DOCUMENT # P95000034883

1. Entity Name

SOUTH FLORIDA MODELS, INC.

FILED

02 NOV 21 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1650 N. Federal Hwy.

3. Mailing Address  
1650 N. Federal Hwy.

Suite, Apt. #, etc.  
Bay 7

Suite, Apt. #, etc.  
Bay 7

City & State  
Pompano Beach, FL

City & State  
Pompano Beach, FL

4. FEI Number  
65-0578876

Applied For  
Not Applicable

Zip  
33062

Country

Zip  
33062

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Frank Gutta, CPA

Street Address (P.O. Box Number is Not Acceptable)  
8211 W. Broward Boulevard

Suite 350

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

900009150599

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
D, P, S, T  
Jennifer Schwartz  
STREET ADDRESS  
8211 W. Broward Blvd., #350  
CITY-ST-ZIP  
Plantation, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jennifer Schwartz 9/24/08 Jennifer Schwartz, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)



ACCOUNT NO. : 072100000032

REFERENCE : 829767 5030952

AUTHORIZATION :

COST LIMIT : \$ 61.25

*Patricia Pizito*

ORDER DATE : November 21, 2002

ORDER TIME : 11:43 AM

ORDER NO. : 829767-010

CUSTOMER NO: 5030952

CUSTOMER: Mr. Andrew I. Lewis  
Phillips, Eisinger, Koss,  
Suite 265 South  
4000 Hollywood Boulevard  
Hollywood, FL 33021

ANNUAL REPORT FILING

RECEIVED  
02 NOV 21 PM 12:56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NAME: SOUTH FLORIDA MODELS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons-EXT#1139

EXAMINER'S INITIALS: \_\_\_\_\_