

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90044 002 ***158.75

DOCUMENT # P95000070437

1. Entity Name
MODELS BY DESIGN, INC.

Principal Place of Business

Mailing Address

**1220 US HIGHWAY ONE STE F
SUITE F & J
NO. PALM BEACH FL 33408
US**

**1220 US HIGHWAY ONE STE F
SUITE F & J
NO. PALM BEACH FL 33408
US**

2. Principal Place of Business

337 E INDIANTOWN RD.

3. Mailing Address

337 E INDIANTOWN RD.

Suite, Apt. #, etc.

Suite 6

Suite, Apt. #, etc.

Suite 6

City & State

Jupiter, Fla.

City & State

Jupiter, Fla.

Zip

33411

Country

FLORIDA

Zip

33411

Country

FLORIDA

6. Name and Address of Current Registered Agent

**ALWASE, LORRAINE
1220 US HWY. ONE
SUITE A
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name **LORRAINE ALWASE**

Street Address (P.O. Box Number is Not Acceptable)
396 H GOLFVIEW RD

NO. PALM BEACH.

City

FL

Zip Code
33411

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

Lorraine Alwase Pres.

3/21/01

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	P	<input type="checkbox"/> Delete
NAME	ALWASE, LORRAINE	
STREET ADDRESS	1220 US HWY ONE STE F.	
CITY-ST-ZIP	NO. PALM BEACH FL 33408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BALDO, CHARLES	
STREET ADDRESS	396 H GOLFVIEW RD	
CITY-ST-ZIP	NO. PALM BEACH FL 33408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, THEODORE E	
STREET ADDRESS	1851 W. INDIANTOWN RD. SUITE 101	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ok	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ok	
STREET ADDRESS	396 H GOLFVIEW RD	
CITY-ST-ZIP	NO. PALM BEACH FL 33408	
TITLE	ok	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ok	
STREET ADDRESS	11811 AVE. OF PRA (UNIT 13)	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Pres. Lorraine Alwase 3/21/01

Date **(561) 741-4010** Daytime Phone #

Fax (561) 741-4011

CR2E034 (10/00)