

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020939

1. Entity Name

MODELS MANAGEMENT GROUP, INC.

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

04-11-2001 90133 003 ***150.00

A0046369



DO NOT WRITE IN THIS SPACE

Principal Place of Business 539 EUCLID SUITE B MIAMI BEACH FL 33139	Mailing Address % KARIN MODELS 524 BROADWAY, SUITE 404 NEW YORK NY 10012
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2. Principal Place of Business 846 Lincoln Road Suite, Apt. #, etc. Penthouse	3. Mailing Address 846 Lincoln Road Suite, Apt. #, etc. Penthouse
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City & State Miami Beach, FL	City & State Miami Beach, FL
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4. FEI Number 65-0652775	Applied For <input type="checkbox"/> Not Applicable
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Zip 33139	Country Dade	Zip 33139	Country Dade
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LOZOFF, MICHAEL-ESQ
801 BRICKELL AVENUE
SUITE 1501
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Maritza Vasquez

Street Address (P.O. Box Number is Not Acceptable)
**846 Lincoln Road
Penthouse**

City
Miami Beach FL Zip Code
33139

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 *Maritza Vasquez* DATE **4-2-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BRUNEL, ARNAUD 524 BROADWAY, SUITE 404 NEW YORK NY 10012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jeff Fuller 846 Lincoln Road, Penthouse Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jeff Fuller* **Jeff Fuller** DATE: **4-2-01** DAYTIME PHONE #: **305-672-8300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0013892

CR2E034 (10/00)