

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

DOCUMENT # **P 97000097444**

1. Entity Name

PORTFOLIO TALENT GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2084 PRAIRIE AVENUE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

4. FEI Number

65-0790612

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

PHILIPPE L. MEDELL

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

2084 PRAIRIE AVENUE

MIAMI BEACH,

City

MIAMI BEACH

FL

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

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)

12.09.02

DATE

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
STREET ADDRESS
CITY - ST - ZIP
**PD
MEDELL, PHILIPPE L.
2084 PRAIRIE AVENUE
MIAMI BEACH, FL 33139**

TITLE
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.09.02

Date

305.534.4210

Daytime Phone #

CR2E034B (12/01)

g 12/12

December 09, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Annual Report

Dear Madam/Sir:

Enclosed please find our annual report with check no. 7628 in the amount of 150.00. We never received the annual report this year. As per a recent telephone conversation with your office, we downloaded a copy of the report. If you have any questions or concerns, please do not hesitate to contact our office at 305-534-4210. Thank you in advance for your assistance in this matter.

Sincerely,


Philippe L. Medell
President

p o r t f o l i o