

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90124 016 ***150.00

DOCUMENT # P98000045624
 1. Entity Name
MODERN LOOK INDUSTRIES CORPORATION ✓

Principal Place of Business Mailing Address

A0042753

2. Principal Place of Business 3. Mailing Address
815 Washington Avenue **8500 West Flagler St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
B-208

DO NOT WRITE IN THIS SPACE

City & State City & State
South Beach, Fl. **Miami, Fl.**
 Zip Zip Country
33139 **Dade** **33144** **Dade**

4. FEI Number Applied For
65-0847081 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ALVARO CASTILLO B., PA
1390 BRICKELL AVE. STE 200
MIAMI, FL. 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature used 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	Gustavo M. Fernandez	
STREET ADDRESS	815 Washington Ave.	
CITY-ST-ZIP	South Beach, Fl. 33139	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	Maria E. Medrano	
STREET ADDRESS	815 Washington Avenue	
CITY-ST-ZIP	South Beach, Fl. 33139	
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		<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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this report of subsequent 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 registered 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: *Gustavo M. Fernandez* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____