

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013564

1. Entity Name
LATIN SUPERMODEL SEARCH, INC.

Principal Place of Business
**1688 MERIDIAN AVENUE, SUITE 801
MIAMI BEACH FL 33139**

Mailing Address
**1688 MERIDIAN AVENUE, SUITE 801
MIAMI BEACH FL 33139**

2. Principal Place of Business
**4141 NE 2nd AVENUE
Suite, Apt. #, etc.
108-A**

3. Mailing Address
**4141 N.E. 2nd AVENUE
Suite, Apt. #, etc.
108-A**

City & State
Miami, Florida

City & State
Miami

Zip
33137 Country
USA Florida

Zip
33137 Country
USA

4. FEI Number **65-0894676**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAHN, HOWARD N
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH
HOLLYWOOD FL 33021**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☐ Delete
NAME **MAENZA, JOSEPH**
STREET ADDRESS **1688 MERIDIAN AVENUE, SUITE 801**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4141 N.E. 2nd AVE. Suite 108-A**
CITY-ST-ZIP **Miami, Florida 33137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)