

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014842

1. Entity Name

NU MODELS INTERNATIONAL AND FASHION ENTERPRISES.

FILED
Jul 13, 2000 8:00 am
Secretary of State

06-07-2000 90430 036 ***150.00

Principal Place of Business 2754 WEST ATLANTIC BOULEVARD SUITE 12 POMPANO BEACH FL 33069	Mailing Address 2754 WEST ATLANTIC BOULEVARD SUITE 12 POMPANO BEACH FL 33069-5719
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2. Principal Place of Business 2754 W. Atlantic Blvd Suite, Apt. #, etc. Suite # 1	3. Mailing Address 2754 W. Atlantic Blvd Suite, Apt. #, etc. Suite 1
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DO NOT WRITE IN THIS SPACE

City & State Pompano Bch, FL 33069	City & State Pompano Beach, FL 33069	4. FEI Number 65-0983964	Applied For <input type="checkbox"/> Not Applicable
Zip 33069	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GILL, A. WAYNE ESQ. 2001 WEST SAMPLE ROAD, #300 POMPANO BEACH FL 33064	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ERICA GREENMAN 2451 NW 41 AVE, Bldg 5, Apt. 401 Lauderhill, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Agency Director ERICA GREENMAN 2451 NW 41 AVE, Bldg 5, Apt. 401 Lauderhill, FL 33313	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000 954-97-9969
Date Daytime Phone #