

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91557 025 \*\*\*158.75

**DOCUMENT # P99000029605**

1. Entity Name  
**MODEL & TALENT SCOUTS INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**1440 JOHN F. KENNEDY CAUSEWAY #1424 1440 JOHN F. KENNEDY CAUSEWAY #1424**  
**NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0948856** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MORA, ELIO A**  
**1440 JOHN F KENNEDY CWY #1424**  
**NORTH BAY VILLAGE FL 33141**

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, 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, 2002 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

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TITLE	NAME	TITLE	NAME
PTD	MORA, ELIO A		
1440 JOHN F. KENNEDY CAUSEWAY #1424	1440 JOHN F. KENNEDY CAUSEWAY #1424		
NORTH BAY VILLAGE FL 33141	NORTH BAY VILLAGE FL 33141		
SVPD	GONZALEZ, DIANDRA		
1440 JOHN F KENNEDY CSWAY #1424	1440 JOHN F KENNEDY CSWAY #1424		
NORTH BAY VILLAGE FL 33141	NORTH BAY VILLAGE FL 33141		

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

**Director**

Date

**(305)-865-2234**  
 Daytime Phone #

CR2E034 (9/01)