

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90129 020 ***150.00

DOCUMENT # P99000060031
1. Entity Name
 PREMIER MODELING & TALENT, INC.

Principal Place of Business **Mailing Address**
 2239 NW 36 Court 7239 NW 36 Court
 Miami, FL 33147 Miami, FL 33147

2. Principal Place of Business **3. Mailing Address**
 1688 Meridian Ave. 5741 Sheridan Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 400

City & State **City & State**
 Miami Beach, FL Hollywood, FL
Zip **Country** **Zip** **Country**
 33139 USA 33021 USA

4. FEI Number **Applied For**
 65-0941423 Not Applicable

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

6. Name and Address of Current Registered Agent
 Solomon, Ronald
 5401 Collins Ave.
 Apt. PH6
 Miami Beach, Florida 33140

7. Name and Address of New Registered Agent
 Name: Kevin I. Schwartz, Esq.
 Street Address (P.O. Box Number is Not Acceptable): 5741 Sheridan Street
 City: Hollywood State: FL Zip: 33021

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:  Kevin I. Schwartz, Esq. 4/10/00
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, 2000 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**

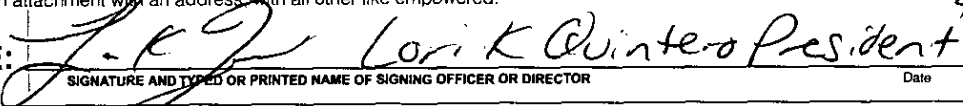
11. OFFICERS AND DIRECTORS

TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Solomon, Ronald	
STREET ADDRESS	5401 Collins Ave., #PH6	
CITY-ST-ZIP	Miami Beach, FL 33140	
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	Director/Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elias LEvy	
STREET ADDRESS	1688 Meridian Ave., #400	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	Director/President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lori Quintero	
STREET ADDRESS	1688 Meridian Ave., #400	
CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE	Director/Sec/Tres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Schwartz	
STREET ADDRESS	5741 Sheridan Street	
CITY-ST-ZIP	Hollywood, Florida 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

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:  Lori K Quintero President 4/10/00 305-538-5445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)