## 2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am Secretary of State 8 DOCUMENT # P99000072656 ACTORS & MODELS CAREER CENTER, INC. 05-11-2001 90077 045 \*\*\*150.00 Mailing Address Principal Place of Business 12233 SW 112 ST 8388 SW 152 AVE MIAMI FL 33186 #25 MIAMI FL 33193 US 3. Mailing Address 8388 2. Principal Place of Business SW 182 AVE STREET 12851 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 2318Ce ₩ 25 MIAMI Applied For City & State 4. FEI Number City & State 65-0941783 MIAMI Not Applicable Zip Country Country \$8.75 Additional ISA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS \* Address change only **PSD** ☐ Change ☐ Addition TITLE ☐ Delete TITLE 8388 SW 152 AVE # 25 RODRIGUEZ, MANNY A NAME NAME 11195 NORTH KENDAL DRIVE UNIT J108 33193 (PSD) MANNY A RODRIGUE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Change Maddition VTD ☐ Delete TITLE (VTD) THTIANA RODRIGUEZ RODRIGUEZ, TATIANA NAME NAME 8388 SW 152 AVE 11195 NORTH KENDAL DRIVE UNIT J108 STREET ADDRESS STREET ADDRESS MIAMI 33193 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Delete -TITLE ... ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ ] Change ☐ Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 readired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

PSD

RODRIGUE.