. 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000086290 Aug 03, 2000 8:00 am Secretary of State THE NEW MILLENNIUM MODELS AND TALENT MANAGEMENT. 08-03-2000 90004 010 ***150.00 Principal Place of Business Mailing Address P.O. BOX 695315 P.O. BOX 695315 MIAMI FL 33269-5315 MIAMI FL 33269 3. Mailing Address 2. Principal Place of Business 695315 O. Box Migni Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FE! Number Applied For City & State City & State Migmi *65-0936535* Miani F19. 33169 Not Applicable \$8.75 Additional Country Ζiρ 5. Certificate of Status Desired usa **3326**9 Fee Required 33269 MSN 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STARKS, MARY Street Address (P.O. Box Number is Not Acceptable) 19130 NW 10 AVENUE MIAMI FL 33169 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 (NOTE, Registered Agent signature required when reinstating) o of registered agent and title it appricable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1 2000 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change Addition TITLE Owner Starts VAME NAME STREET ADDRESS 19130 New 10 AUR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP F1a. 33169 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change Detete TITLE Addition TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z#P CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZE CITY-ST-ZIP П Спалае Addition Delete TITLE NAME

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 affect as if made under each; that I am an officer or director of 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 Brook 12 if nt with an address, with all other like empowered. changed, or on an all

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

New Millennium Models and Talent Management Glamour-Sports Entertainment P.O. Box 695315 Miami, Florida 33269 (305) 655-2618 (305) 770-4130 Coc#P9900086290)

July 26, 2000

J. 60 2 36 3

Reference: 65-0936535

Division of Corporations

Uniform Business Report Filings
P.O. Box 1500

Tallahassee, Florida 32302

Dear Sir/Ma'am:

During the month of April, 2000 the original of the attached form was sent along with the payment in the amount of \$150.00 dollars. Once I had not received any additional information from your department, I called to verify the arrival of this payment. After numerous attempts in making contact with a representative, I was then advised that no information had been received. Therefore, I was informed to resubmit a copy of my paperwork along with this letter.

Enclosed you will find a copy of the Uniform Business Report along with the payment of \$150.00 dollars. I am respectfully requesting that the late fee be waived.

Your assistance in this matter is greatly appreciated.

Thank You,

Robin Starks

Attached: Copy 2000 Uniform Business Report \$150.00 payment Check # 3255