

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90061 045 ***550.00

0143834 SP

DOCUMENT # P99000093024

1. Entity Name
MODELS NXS INC.

Principal Place of Business
**9222 BROAD ST.
 BOCA RATON FL 33434**

Mailing Address
**P O BOX 88074
 BOCA RATON FL 33488**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5349 NW 21 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State

4. FEI Number
65-0953441

Applied For
 Not Applicable

Zip
33496

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**JOHNSON, RITA
 9222 BROAD ST.
 BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

Name **Rita Johnson**
 Street Address (P.O. Box Numbers Not Acceptable)
5349 NW 21 AVE.
 City **BOCA RATON FL** Zip **33496**

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **JOHNSON, RITA**
 STREET ADDRESS **9222 BROAD ST.**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
 NAME
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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 an other like empowered.

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

Date

Daytime Phone #

4 Sept 01 501-212-4154

CR2E034 (5/01)