

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90178 050 \*\*\*150.00

**DOCUMENT # P99000097411**

1. Entity Name  
**L'ESSENCE INTERNATIONAL MODEL & TALENT AGENCY, I NC.**

Principal Place of Business  
**350 LINCOLN RD., Suite Mezz**  
**MIAMI BEACH FL 33139**

Mailing Address  
**350 LINCOLN RD., S-412**  
**MIAMI BEACH FL 33139**

2. Principal Place of Business  
**350 Lincoln Rd**  
 Suite, Apt. #, etc.  
**Suite: Mezzanine**

3. Mailing Address  
**Same**  
 Suite, Apt. #, etc.

City & State  
**M.B. Florida**

City & State

4. FEI Number  
**65-0963041**

Applied For  
 Not Applicable

Zip  
**33139**

Country  
**Dade**

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**MARQUEZ, KARLA E**  
**770 EAST 44TH STREET**  
**HIALEAH FL 33013**

## 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

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, 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

TITLE  
**PST**  
 NAME  
**MARQUEZ, KARLA E**  
 STREET ADDRESS  
**666 W. 31ST STREET**  
 CITY-ST-ZIP  
**HIALEAH FL 33012**

☐ Delete

TITLE  
**V**  
 NAME  
**RIOS, LUZ**  
 STREET ADDRESS  
**7420 W 20TH AVE.**  
 CITY-ST-ZIP  
**HIALEAH FL 33016**

☐ Delete

TITLE  
**MARQUEZ, HUBERT P**  
 NAME  
**770 E 44TH STREET**  
 STREET ADDRESS  
**HIALEAH FL 33013**  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**President & Treasurer**  
 NAME  
**LUZ RIOS**  
 STREET ADDRESS  
**770 East 44 St.**  
 CITY-ST-ZIP  
**Hialeah FL 33013**

☒ Change ☐ Addition

TITLE  
**(V/P) Secretary**  
 NAME  
**Karla E. Marquez**  
 STREET ADDRESS  
**770 E 44 ST**  
 CITY-ST-ZIP  
**Hialeah FL 33013**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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☐ Change ☐ Addition

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

**2/19/2002 305) 5341214**  
 Date Daytime Phone #

CR2E034 (9/01)