2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

413563 **DOCUMENT #**

1. Entity Name

LA MODERNA POESIA, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90519 002 ***150.00

Principal Place of Business 5246 SW 8TH ST. MIAMI FL 33134 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Zip Country Typ Country Country Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State A. FEI Number 59-1469059 Not Applied For Not Applicable Status Desired Sa.75 Additional Fee Required Name ALVAREZ, MAGDALENA Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)					OF WE THE					
Suite, Apt. #, etc. City & State City & State Country Country S. Certificate of Status Desired Sea Required 6. Name and Address of Current Registered Agent Name ALVAREZ, MAGDALENA 5246 SW 8TH ST. SUITE 221 CHECK HERE IF MAKING CHANGES Applied For Not Applicable Applied For Not Applicable 7. Name and Address of Status Desired Sea.75 Additional Fee Required Name Street Address (P.O. Box Number is Not Acceptable)	5246 SW 8TH ST.		5246 SW 8TH ST.							
City & State City & State City & State City & State 4. FEI Number 59-1469059 Applied For Not Applicable Street Address of Status Desired Registered Agent Name ALVAREZ, MAGDALENA 5246 SW 8TH ST. SUITE 221 Applied For Not Applicable 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	2. Principal Place of Bus	iness	3. Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name ALVAREZ, MAGDALENA 5246 SW 8TH ST. SUITE 221 Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Zip Country Sp. Country 5. Certificate of Status Desired Speak Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALVAREZ, MAGDALENA 5246 SW 8TH ST. SUITE 221 Country 5. Certificate of Status Desired Speak Status Desired Status Desired Status Desired Speak Status Desired Status Desired Status Desired Speak Status Desired Speak Speak Status Desired Speak	City & State		City & State			4. FEI Number 59-1469059				
ALVAREZ, MAGDALENA 5246 SW 8TH ST. SUITE 221 Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		Zip Country				\$8.75 Add		
ALVAREZ, MAGDALENA 5246 SW 8TH ST. SUITE 221 Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
5246 SW 8TH ST. SUITE 221 Street Address (P.O. Box Number is Not Acceptable)					Name					
	•	:NA	Street Address (P.C			P.O. Box Number is Not Acceptable)				
NHAMI EL 20104	SUITE 221									
City FL 25134 Zip Code	MIAMI FL 33134		City			F	L Zip Cod	le		
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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	After May 1, 20	State								
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	10.	OFFICERS AND (DIRECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTOR:	S IN 11	
TITLE PTD Delete TITLE Change Addition			☐ Delete	TITLE	ĺ	,	•	☐ Change	☐ Addition	
		5246 S.W. 8TH ST.							}.	
									{	
TITLE VD Delete TITLE Change Addition			□ Delete	_			· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
NAME GUTIERREZ, ADA NAME		GUTIERREZ, ADA		1				ondango		
STREET ADDRESS 5246 S.W. 8TH ST. STREET ADDRESS		5246 S.W. 8TH ST.							}	
CITY-ST-ZIP MIAMI FL CITY-ST-ZIP				CITY-ST-	-ZIP					
TITLE S Delete TITLE Change Addition		ODESTEE ID	☐ Delete			• -		☐ Change	☐ Addition	
NAME ALVAREZ ORESTES JR. NAME STREET ADDRESS 5246 SW 8TH ST STREET ADDRESS					ADDRESS					
CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP			•							
TITLE Delete TITLE Change Addition	TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME NAME	NAME			NAME						
STREET ADDRESS STREET ADDRESS OTT CT 710										
CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE TITLE Change Addition			(m) p	_	-211				- Addition	
TITLE Delete TITLE Change Addition			☐ Delete					☐ Change	☐ Addition	
STREET ADDRESS STREET ADDRESS	STREET ADDRESS			STREET A	NDDRESS					
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-	- ZIP					
TITLE Delete TITLE Change Addition			☐ Delete		1			☐ Change	☐ Addition	
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS					ADDDECC					
CITY-ST-ZIP CITY-ST-ZIP			4							
12. 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 10 or Block 11 if	indicated on this repo	rt or supplemental report is:	true and accurate and that m	ov signature	e shall have the s	ame legal effect as if made	under oath: that	Lam an officer.	or director	

SIGNATURE:

Davtime Phone #