

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2003 8:00 am
Secretary of State

04-01-2003 90032 004 ****50.00

DOCUMENT # L02000006616

1. Entity Name

POIEMA LLC



Principal Place of Business

Mailing Address

**1831 SE 6 ST
POMPANO BEACH FL 33060**

**1831 SE 6 ST
POMPANO BEACH FL 33060**

2. Principal Place of Business

3. Mailing Address

3261 NW 63 ST
Suite, Apt. #, etc.

3261 NW 63 ST
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Ft. LAUDERDALE, FL
Zip
33309 Country
America

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Ft. LAUDERDALE, FL
Zip
33309 Country
America

4. FEI Number

01-064-7527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ESTEVEZ, IVAN
1831 SE 6 ST
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name
IVAN ESTEVEZ

Street Address (P.O. Box Number is Not Acceptable)

3261 NW 63 ST

City
Ft. LAUDERDALE

FL

Zip Code
33309

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 \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
IVAN ESTEVEZ
3261 NW 63 ST
Ft. LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ivan Estevez* REQUIRED

3-24-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)