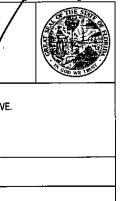
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** M17056



FILED	
Mar 12, 2003 8:00 am	
Secretary of State	5

MODERN		LS INTERNATION	AL, INC.	/-				03-12-200	)3 90088 0	15 ***158	.75	
Principal Place 100 NORTHWE 2ND FLR MIAMI FL,3312 US 2. Principal Pl	est 37th Avi	E	Mailing Address 100 NORTHWEST 37TH AVE. 2ND FLR MIAMI FL 33125 US 3. Mailing Address									
Suite, Apt.			Suite, Apt. #, etc.				CT OUTON HERE IS MANINO CHANCES					
			City & State				CHECK HERE IF MAKING CHANGES  4. FEI Number				polied For	
City & State							4. FEI (MIII)	59-116107	<u>'2</u>	No	t Applicable	
Zip	:	Country	Zip	Count	try		5. Certificate	of Status Desired	ı 🗆	\$8.75 Add Fee Required		
λ,	6. Name	and Address of Curren	t Registered Agent		Name			Address of New		Agent		
BUNTINX LEOPOLD 1100 NW 37 AVE MIAMI FL 33125					Namé Regina D'ANGELO  Street Addréss (P.O. Box Number is Not Acceptable) 100 nw 37 Ave.  Mipmi  City  FL Zip Code 33/25							
the obligati	ons of regist on ature, typed ILE NOW!! May 1, 200	or printed name of registered ages  FEE S \$150.00  3 Fee will be \$550.00		g its registere			when reinstating)	h, in the State of	DATE	_ \$5.0	May Be	
	Payable to	Florida Department					ADDITIONS	CHANGES TO O	ECICEDS AND	OIDECTOR	2 (NI 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BUNTINX, 100 NOR1 MIAMI FL	OFFICERS AND LEOPOLDO THWEST 37TH AVE.	DIRECTORS  Solution Delete		- 1	P.D REC 100		D' AN		<b>≥</b> Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD D'ANGELO	D, REGINA THWEST 37TH AVE.	₩ Delete				, <u>, , , , , , , , , , , , , , , , , , </u>			☐ Change	Addition	
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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 changed, or on an attachment with an address, with a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat