

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
 03-12-2002 90265 044 ***150.00

DOCUMENT # P00000116949

1. Entity Name
POETIC FORM, INC.

Principal Place of Business
10010 WEST BROADVIEW DRIVE
BAY HARBOR ISLANDS FL 33154

Mailing Address
10010 WEST BROADVIEW DRIVE
BAY HARBOR ISLANDS FL 33154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1111 Brickell Bay Drive

3. Mailing Address
1111 Brickell Bay Drive

Suite, Apt. #, etc.
Unit 1112

Suite, Apt. #, etc.
Unit 1112

City & State
Miami FL

City & State
Miami FL

Zip
33131

Country

Zip
33131

Country

4. FEI Number **65-1065753**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, LISELOTT
10010 WEST BROADVIEW DRIVE
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name
JOHNSON, LISELOTT

Street Address (P.O. Box Number is Not Acceptable)
1111 Brickell Bay Drive

Unit 1112

City **Miami** **FL** Zip Code **33131**

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 **D** ☐ Delete
 NAME **JOHNSON, LISELOTT**
 STREET ADDRESS **10010 WEST BROADVIEW DRIVE**
 CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

TITLE **D** ☐ Delete
 NAME **ARMENTEROS, JORGE**
 STREET ADDRESS **10010 WEST BROADVIEW DRIVE**
 CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **JOHNSON, LISELOTT**
 STREET ADDRESS **1111 BRICKELL BAY DRIVE, UNIT 1112**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Change ☐ Addition
 NAME **ARMENTEROS, JORGE**
 STREET ADDRESS **1111 BRICKELL BAY DRIVE, UNIT 1112**
 CITY-ST-ZIP **MIAMI FL 33131**

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

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

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

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

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: *Liselott Johnson* **LISELOTT JOHNSON**
PRESIDENT *02/24/02* **305-803 8433**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)