

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90071 047 ***150.00

DOCUMENT# P02000002831

1. Entity Name

MODERN ENTERTAINMENT
GROUP INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19035 ATLANTIC BLVD.

3. Mailing Address

19035 ATLANTIC BLVD.

Suite/Apt. #, etc.

SOUTH.

Suite/Apt. #, etc.

SOUTH

City & State

Sunny Isles BEACH

City & State

Sunny Isles BEACH

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

300018599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NATALIYA BALTAZAR

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

19035 ATLANTIC BLVD. # SOUTH

City

Sunny Isles BEACH FL

Zip Code

33160

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PR.
VLADIMIR BALTAZAR
19035 ATLANTIC BLVD.
Sunny Isles BEACH FL 33160

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V.P.R.
NATALIYA BALTAZAR
19035 ATLANTIC BLVD.
Sunny Isles BEACH FL 33160

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-03 305
4016116

CR2E034B (12/02)