

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90128 032 ***150.00

DOCUMENT # P00000050100

1. Entity Name
MODKHA, INC.

Principal Place of Business
**AVENIDA ALEJO ZULOAGA
86-40 QUINTA SUSANA
VALENCIA, VANEZUELA 2002**

Mailing Address
**C/O EDUARDO GONZALEZ
8180 N.W. 36TH ST., STE. 100
MIAMI FL 33166**

C0008319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9601 N.W. 33 ST.
Suite, Apt. #, etc.

3. Mailing Address
9601 N.W. 33 ST.
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1025032

Applied For
☐ Not Applicable

Zip Country
33172 USA

Zip Country
33172 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, EDUARDO CPA
8180 N.W. 36TH STREET
SUITE 100
MIAMI FL 33166**

Name **EDUARDO S. GONZALEZ**
Street Address (P.O. Box Number is Not Acceptable)
**8180 N.W. 36 STREET
SUITE 230**
City **MIAMI** FL Zip Code **33166**

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

1-8-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D KHABBAZ, RENE
STREET ADDRESS **AVENIDA ESTE - OESTE 5 C/C NORTE-SUR 6**
CITY-ST-ZIP **VALENCIA, ESTADO CARABOBO**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
PRESIDENT, DIRECTOR
SALVATORE MODICA
STREET ADDRESS **9601 N.W. 33 ST.**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
DIRECTOR
SUSANA KHABBAZ
STREET ADDRESS **9601 N.W. 33 ST.**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

1-8-01 (305) 594-7337

Date

Daytime Phone #

CR2E034 (10/00)