

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90145 010 \*\*\*550.00

DOCUMENT # P00000113705

1. Entity Name  
 INTERNATIONAL MODULAR BUILDINGS, INC.

Principal Place of Business  
 1876 N. UNIVERSITY DR., #309B  
 PLANTATION FL 33322

Mailing Address  
 1876 N. UNIVERSITY DR., #309B  
 PLANTATION FL 33322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 2700 Glades Cir.

3. Mailing Address  
 2700 Glades Cir.

Suite, Apt. #, etc.  
 130

Suite, Apt. #, etc.  
 130

City & State  
 Weston, FL

City & State  
 Weston, FL

4. FEI Number 65-1058614

Applied For  
 Not Applicable

Zip 33327 Country USA

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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

PEREZ, BEHAR & ASSOCIATES, PA  
 13935 NW 1ST AVE.  
 MIAMI FL 33168

Name

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

City

FL

Zip Code

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 \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 PD  
 STREET ADDRESS HERNANDEZ, ALEXIS E  
 CITY-ST-ZIP 2666 NELSON CT.  
 WESTON FL 33331 ☐ Delete

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

TITLE  
 NAME VD  
 STREET ADDRESS VALLADARES, ALEJANDRO  
 CITY-ST-ZIP 3642 SAN SIMEON CIRCLE  
 WESTON FL 33331 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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: Alexis E Hernandez Pres 8/28/02 305-688-9694  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)