2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91892 043 ***150.00

[redacted]

DOCUMENT # P00000115337

1. Entity Name

MODAS A.D.Y., INC

Principal Place of Business	Mailing Address
1120 LEMONWOOD STREET WEST LAKE VILLAGE, FL. 33019	1120 LEMONWOOD STREET WEST LAKE VILLAGE, FL., 33019

2. Principal Place of Business		3. Mailing Address	
2080 NW. 21TH. STREET		2080 NW. 21TH. STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL.		City & State: MIAMI, FL.,	
Zip: 33142	Country: U.S.A.	Zip: 33142	Country: U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1063427 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACIEL, ALBERTO G.
1120 LEMONWOOD STREET
WEST LAKE VILLAGE, FL., 33019

7. Name and Address of New Registered Agent

Name: MACIEL, ALBERTO G.
Street Address (P.O. Box Number is Not Acceptable): 2080 NW. 21TH. STREET
City: MIAMI FL Zip Code: 33142

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: X [signature] ALBERTO G. MACIEL PRESIDENT 4/18/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	MACIEL, ALBERTO G		NAME	MACIEL, ALBERTO G	
STREET ADDRESS	1120 LEMONWOOD STREET		STREET ADDRESS	2080 NW. 21TH. STREET	
CITY-ST-ZIP	WEST LAKE VILLAGE, FL, 33019		CITY-ST-ZIP	MIAMI, FL., 33142	
TITLE	VPD	☐ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	MACIEL, ADY A.		NAME	MACIEL, ADY A.	
STREET ADDRESS	1120 LEMONWOOD STREET		STREET ADDRESS	2080 NW. 21TH. STREET	
CITY-ST-ZIP	WEST LAKE VILLAGE, FL, 33019		CITY-ST-ZIP	MIAMI, FL., 33142	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED ALBERTO G. MACIEL PRESIDENT 4/18/03 (305) 582-7969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #