

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90040 016 ***150.00

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DOCUMENT # P01000027773

1. Entity Name

MODERN IMPROVEMENTS, INC.

Principal Place of Business

Mailing Address

**8361 NORTHWEST 25TH STREET
SUNRISE FL 33322**

**8361 NORTHWEST 25TH STREET
SUNRISE FL 33322**

2. Principal Place of Business

8361 N.W. 25TH ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 450928

Suite, Apt. #, etc.

City & State

SUNRISE, FL.

City & State

SUNRISE, FL.

Zip

33322

Country

USA

Zip

33345

Country

USA

4. FEI Number

65-1093757

Applied For

Not Applicable

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name

SAME

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **RUIZ, FRANK V**
CITY-ST-ZIP **8361 NORTHWEST 25TH STREET
SUNRISE FL 33322**

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

TITLE ☐ Delete
NAME **SECRETARY**
STREET ADDRESS **OUELLO A. RUIZ**
CITY-ST-ZIP **661 CAMILLA CT.
PLANTATION, FL. 33317**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Frank V. Ruiz FRANK V. RUIZ/PRESIDENT

Date

Daytime Phone #

03-31-02 954-914-8415

CR2E034 (9/01)