FILED

Jul 14, 2003 8:00 am

(4/03)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Secrétary of State P01000027773 DOCUMENT # 07-14-2003 90332 008 ***150.00 1. Entity Name MODERN IMPROVEMENTS, INC. Principal Place of Business Mailing Address 8361 NORTHWEST 25TH STREET PO BOX 450928 SUNRISE FL 33322 SUNRISE FL 33345 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1093757 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550,00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE ☐ Delete TITLE Addition RUIZ, FRANK V NAME NAME 8361 NORTHWEST 25TH STREET STREET ADDRESS STREET ADDRESS SUNRISE FL 33322 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RUIZ. OVELIO A NAME NAME 661 CAMILLA CT STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-7IP 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 in the chapter of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the chapter of the corporation of the receiver of the receiver of the corporation of the receiver o

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIA OR DIRECTOR

Attachment#

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OF THE CON

PO BOX 450928 Suntise, FL 33345-0928

Division of Corporations Uniforms Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500 P0/00027773

To Whom It May Concern,

I'm requesting that the late fee be waived because I did not receive the prior notice for the "2003 For Profit Corporation Uniform Business Report". Your consideration would greatly be appreciated.

Sincerely,

Frank V. Ruiz

President/Owner