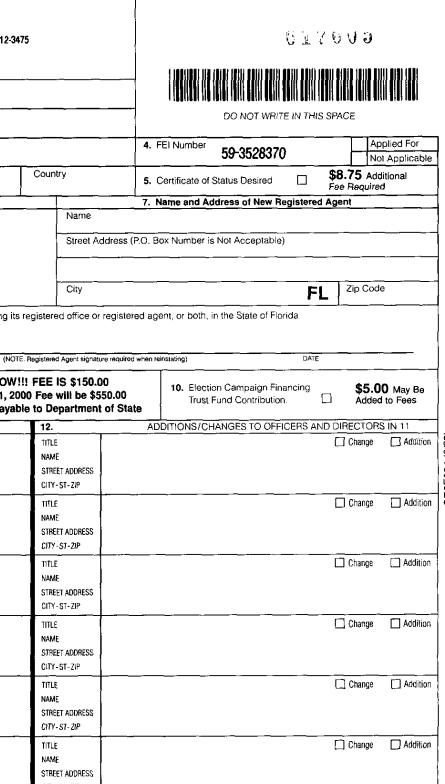
## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000074964 02-28-2000 90195 046 \*\*\*150.00

Feb 28, 2000 8:00 am Secretary of State



1. Entity Name

MODULAR HOUSING, INC.

Principal Place of Business 2520 NOBLE DRIVE IALLAHASSEE FL 32312

Mailing Address

3. Mailing Address

2520 NOBLE DRIVE TALLAHASSEE FL 32312-3475

Suite, Apt. #, etc.

Zin

2. Principal Place of Business

HADDAD, NAZIH

2520 NOBLE DRIVE TALLAHASSEE FL 32312

Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

City & State

City & State

Zip Country

Country

City

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS 12. Delete TITI F TITLE NAME **BOULOS, ANTOINE** NAME 3075 ROYAL PALM WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TALLAHASSEE FL 32308 TITLE ☐ Delete TITLE NAME HADDAD, NAZIH K NAME STREET ADDRESS STREET ADDRESS 2520 NOBLE DR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE 到最级的1000分子 NAME NAME 1 10 03 W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this fifting 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 a trustee enhanced to be executed this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver at trustee enhanced to be executed this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver at trustee enhanced to be executed the corporation of the receiver at the receiver at the corporation of the receiver at ekecute 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 add like empowered

CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #