

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 27 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

700024167027  
10/27/03--01062--004 \*\*150.00

DOCUMENT # 198000024969

1. Entity Name

MODULAR HOUSING, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7156 SHADY GROVE WAY

Suite, Apt. #, etc.

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32312

Country

Zip

Country

**REINSTATEMENT** 03

4. FEI Number

59-3528370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

NAZIH HADDAD

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

2520 NOBLE DR

City

TALLAHASSEE

FL

Zip Code

32312

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
ANTOINE BOULOS  
7156 SHADY GROVE WAY  
TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
NAZIH HADDAD  
2520 NOBLE DR.  
TALLAHASSEE, FL 32312

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03

(850) 556-6660

CR2E034B (12/01)

Dear Sirs,

This is in reference to the late filing for Modular Housing Inc. Since we have moved to a new location we have not received the filing documents for 2003. I had to go to your offices in Tallahassee to ask about it. Please accept my check for this year filing.

Thank you

A handwritten signature in black ink, consisting of a large, stylized 'S' or 'B' shape with a vertical line through it, and a horizontal line at the bottom.