

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90028 035 ***150.00

DOCUMENT # P99000047912

1. Entity Name
MODULAR STRUCTURAL SOFTWARE, INC.

Principal Place of Business
3101 PORT ROYALE BLVD. STE. 1327
FT. LAUDERDALE FL 33308

Mailing Address
3101 PORT ROYALE BLVD. STE. 1327
FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

2810 N.W. 51ST TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARGATE, FL

4. FEI Number

65-0928375

Applied For

Not Applicable

Zip

Country

Zip

Country

33063

U.S.A.

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

FISHMAN, ALAN S ESQ.
ALAN FISHMAN & ASSOCIATES, P.A.
2301 W. SAMPLE RD. BLDG. 3, STE. 3A
POMPANO BEACH FL 33073

Name

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 *Mark Williams*

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

(NOTE: Registered Agent signature required when reinstating)

2/20/02

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 **D** ☐ Delete
NAME **WILLIAMS, MARK**
STREET ADDRESS **3101 PORT ROYALE BLVD., STE. 1327**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

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

TITLE **TS** ☐ Delete
NAME **METCALF, CAROLYN**
STREET ADDRESS **800 NE 69TH ST. 11738 BAYFIELD DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33487 33498** →

TITLE **TS** ☒ Change ☐ Addition
NAME **METCALF, CAROLYN**
STREET ADDRESS **11738 BAYFIELD DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Carolyn Metcalf **CAROLYN METCALF**

2/25/02

954-971-9107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)