2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000059649 **DOCUMENT#**

1. Entity Name

IVAN MODAS CORP.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90109 047 ***150.00

SICHATURE SICHATINE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS OFFI-ST-2P TITLE OFFI-ST-2P TITLE NAME STREE								/				
Suite. Apt #, etc. City & States C	2428 N.W. 20	OTH ST	2428	2428 N.W. 20TH ST								
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City & State City & State Country Zp Country Zp Country Zp Country Zp Country Sp. Certificate of Status Desired Se. TS Additional Fee Required* Fee Required* Fee Required* Fee Required* MERILO, RAMIRO 2428 N.W. 2011 ST MAMIR FI. 33142 City City City City City FL Zp Code Street Address (FO. Box Number is Not Acceptable) Street Address (FO. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing is required agent, or both, in the State of Florida. I am familiar with, and acc street agent. SIGNATURE Signature, special or registered agent. SIGNATURE FILE NOW!!! FEE IS ST50.00 After May 1, 2009 Fee with 8 S550.00 Make Check Payable to Florida Department of State D. CFFCERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME MERILO, RAMIRO MERILORES STREET ADDRESS CITY-ST-ZP MAMIR FI. 33142 Delete INIE MAME STREET ADDRESS CITY-ST-ZP TITTE MAME MERILORESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET	Suite, Ap	t. #, etc.		Sui	te, Apt. #, etc.					- 1441/11	0.000	
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	Zip		Country	Zip		ntry					Not Applicable	
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MIAMI FL 33142 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, typec or printed name of registered agent and life if applicable. (NCTE Registered Agent agreeder enquired when revokating) DATE					-							
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Signature, Spend or printed name of registered agent and site if applicable NOTE: Registered Agent signature required when remotating) DATE	the obliga	itions of registere	d agent.			•	3		igoria or boun, in this state of Fish	oa. Tan	Tarriniai Willi	i, and accept
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12. Thereby certify that the information supplied with this filling does not an if if it is			mation supplies	6d with the feet and					 	. .	·	
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 of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11	indicated of the corp	on this report or secretion or the rec	upplemental receiver or truste	eport is true and ac empowered to ex	courate and that my courate and that my coute this report as	ne exem signatu require	iption stated in Se re shall have the s d by Chapter 607	ction same l , Flori	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath da Statutes; and that my name ar	rther certi n; that I ar	fy that the in n an officer Block 10 or	or director

SIGNATURE:

Daytime Phone #