2000 UNIFORM BUSINESS REPORT (UBR)

5/1 5/1

DOCUMENT # P99000063708

1. Entity Name

MODUL, INC.

Principal Place of Business

OFFICE BOX 110386
BAY FL 32911

Mailing Address

POST OFFICE BOX 110386
PALM BAY FL 32911-0386

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
573 *Delavay ave.*

3. Mailing Address
P.O. BOX 677095

Suite, Apt. #, etc.

Orlando, FL.

Orlando, FL.

4. FEI Number *59-8300762*

| | Applied For |
| | Not Applicable |

Zip *32801* County *US*

Zip *32867* Country *US*

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AVTONOMOFF, BORIS
1079 GLENDALE AVENUE
PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name *Avtonomov, Boris*

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

533 madregal ct

City *Orlando* FL Zip *32825*

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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 *Vladimir Shibalov* ☐ Delete		TITLE	☐ Change	☐ Addition
NAME *President*		NAME		
STREET ADDRESS *1151 Glencove Av. Palm Bay FL*		STREET ADDRESS		
CITY-ST-ZIP *32907*		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		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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TITLE ☐ Delete		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

CR2E034 (9/99)

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: _____ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #