## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

V62003

(1)

1. Corporation Name

MODULAR CONTRACTORS, INC.

Principal Place of Business Mailing Address

8300 NW 53RD ST 8300 NW 53RD ST SUITE 106
MIAMI FL 33166 MIAMI FL 33166

							09/08/1992	01/1	19/1995	
2. 21	2. Principal Place of Business			Mailing Address			4. FEI Number		Applied For	
	Distant And House		26]			• • • • • • • • • • • • • • • • • • • •	65-0357960		Not Applicable	
22				Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State		28]	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	Zip	Country 25	29	30	Country	,	This corporation has liability for in Florida Statutes     Yes		nders 199.032,	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
	WESTON TOD AN	IDDEN			81	Name		<b>-</b>		

WESTON, TOD ANDREW % LAW OFFICE OF TOD ANDREW WESTON, P.A. 6350 N ANDREWS AVE SUITE 300 FT LAUDERDALE FL 33309

ntry	This corporation has liability for intangible tax under s 199.032     Florida Statutes
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	

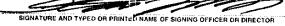
3. Date Incorporated or Qualified 3a. Date of Last Report

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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SIGNATURE _	Signature, byried or printed name of registered again, and fit a flag					
12.	OFFICERS AND DIFFE C	77717181	Tt: Registered Agent signature required		DATE	
TIYLE			13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	RS IN 12
1	D	☐ DELETE	1. 1 TITLE		☐ Change	☐ Addition
NAME	NOWROUZI, SHAHRDAD		1.2 NAME			
STREET ADDRESS	8300 NW 53RD ST #106		13 STREET ADDRESS			
CITY-S1-ZIP	MIAMI FL		14 CITY - ST - ZIP			
TATLE		[] DELETE	2 1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADORESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY - \$1 - ZIP			
TITLE		DELETE	3 1 TiTeE		☐ Change	☐ Addition
NAME			3.2 NAME		- Cusuda	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3 4 CHY-ST-ZIP			
TITLE		[] DELETE	4 1 TITLE		☐ Change	Addition
NAME			4.2 NAME		£	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-S1-7IP			4.4 CHTY - ST - ZIP			
TITLE		[] DELETE	5 1 TITLE		[ ] Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY - ST - ZIP			
TITLE		DELETE	6 1 TiTLE		Change	Addition
NAME			6.2 NAME		change	L nuclevil
STREET ADDRESS			6 3 STREET ADDRESS			
CiTY-ST-ZiP			6.4.011Y~ST-7/P			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 of changed. erron an attachment with an address.

SIGNATURE:



4-25-96

Daytime Phone #

JR2F034 (12/05)