2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 668978 1. Entity Name REN-MAR CONSTRUCTION, INC.					FILED Feb 14, 2000 8:00 am Secretary of State 02-14-2000 90176 008 ***150.00			
41260 N.W.837 PLANTATION FL								
	ace of Business	3. Mailing Address	.1 0	,				
1/303 N.W. 957 Suite, Apt. #, etc.		3. Mailing Address 1/303 N.W. 95 A Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
, ,		City & State		, 4.	FEI Number 59-20	72201	[Ap	plied For
Plan'	tation Fla.	Plantati Zip	Country				\$8.75 Add	t Applicable itional
3336	25	33325			Certificate of Status Des		Fee Required	
	6. Name and Address of Curren	r Hegistered Agent	Name	SEra		Muno		<u> </u>
MUNOZ, SERAFIN R. -11260 NW 6 STREET PLANTATION FL 33325				ddress (P.O.	Box Number is Not Acce			 -
PLAN	HAHUN FL 33325		City	P/a	vta tion	Fl	Zin Code	
8. The above	named entity submits this statement f	or the purpose of changing its r	registered office or				- 35-	
SIGNATURE _	Served R	Muna	Registered Agent signatu			2/5/	100	
9 This corno	ration is eligible to satisfy its intangible		!! FEE IS \$150.0					
1 -			00 Fee will be \$5	50.00	10. Election Campa Trust Fund Cont			D May Be to Fees
11.	OFFICERS AND		12.	А	DDITIONS/CHANGES T	OFFICERS AN	D DIRECTORS	IN 11
TITLE NAME	MUNOZ, SERAFIN R.	☐ Delete	NAME	1130	3 N.W.	75+		_
STREET ADDRESS CITY-ST-ZIP	11260 NW 0 STREET PLANTATION FL		STREET ADDRESS CITY-ST-ZiP	Pla	entation	, Fla.	3332	នេ
TITLE	D	☐ Delete	TITLE			.	☐ Change	Addition
NAME STREET ADDRESS	MUNOZ, MARIA A. -11280 NW 0 STREET-		NAME STREET ADDRESS	113	03 N.W. antatio	95%		
CITY-ST-ZIP	PLANTATION FL		CITY-ST-ZIP	راط	antatio	N, Fla.	. <u>3</u> 33	25
TITLE NAME	· · · · · · · · · · · · · · · · · · ·	Delete		<u></u>		 ,	Change	Addition .
STREET ADDRESS	,		STREET ADDRESS			•		
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP				Change	Addition
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
indicated of the cor	ertify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em	is true and accurate and that mo sowered to execute this report a	w cionature chall b	ave the same	e legal effect as if mage i	inder oatn: that i	am an onicer	or airector
changed,	or on an attachment with an address	, with all other like empowered.	2000		2/-/-	954-	476-9	20.50
SIGNAT	URE:	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	7	Date		Daytime Phone #	~ ~ /