

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90176 050 ***158.75

DOCUMENT # P98000081922

1. Entity Name
RENOVAUTOS, CORP.

Principal Place of Business Mailing Address
1612 NW 113 WAY **1612 NW 113 WAY**
PEMBROKE PINES FL 33026 **PEMBROKE PINES FL 33026**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0867064** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONDONO, CARLOS ALBERTO
1612 NW 113 WAY
PEMBROKE PINES, FL 33026

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	LONDONO, CARLOS ALBERTO	
STREET ADDRESS	15220 NW 7TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDONO, CARLOS ALBERTO	
STREET ADDRESS	1612 NW 113 WAY	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURIEL, UHORA E.	
STREET ADDRESS	1612 NW 113 WAY	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JOAQUIN E.	
STREET ADDRESS	1612 NW 113 WAY	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARAJAL MARIO	
STREET ADDRESS	15613 SW 50 TR.	
CITY-ST-ZIP	Miami, FL. 33185	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: _____ DATE: **2/22/02** DAYTIME PHONE #: **954-443-8020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR