2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 476051 Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** RENDE CONSTRUCTION, INC. 01-28-2000 90196 039 ***150.00 Principal Place of Business Mailing Address 4761 BUCIDA RD 4761 BUCIDA RD BOYNTON BEACH FL 33436-7322 **BOYNTON BEACH FL 33436** US 909112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1639908 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 65 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RENDE, CARMINE JR Street Address (P.O. Box Number is Not Acceptable) 4761 BUCIDA RD **BOYNTON BEACH FL 33436** 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 Signature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PVD ☐ Addition TITLE ☐ Delete TITLE Change RENDE, CARMINE JR NAME NAME STREET ADDRESS 4761 BUCIDA RD STREET ADDRESS CITY-ST-ZIP **BONYTON BCH FL** CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change RENDE, LENA NAME NAME STREET ADDRESS 4761 BUCIDA RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL** ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

NO TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMINE S. RENDE Se. 1-24.00 561-731-441