

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 564701

1. Entity Name

RENCCI, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90056 047 ***150.00

Principal Place of Business

13955 NW 60 AVE
MIAMI LAKES FL 33014
US

Mailing Address

13955 NW 60 AVE
MIAMI LAKES FL 33014
US

2. Principal Place of Business

3. Mailing Address

13955 NW 60 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI LAKES,

City & State

City & State

FL

4. FEI Number 59-1788342

Applied For

Not Applicable

Zip

Country

Zip

33014

Country

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEHAR, ALAN
13955 NW 60TH AVE
MIAMI LAKES FL 33014

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

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, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PSD	BEHAR, REGINA	13955 NW 60TH AVE	MIAMI LAKES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BEHAR, STEVE	13955 NW 60TH AVE	MIAMI LAKES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BEHAR, ALAN	13955 NW 60TH AVE	MIAMI LAKES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BEHAR, LAWRENCE	13955 NW 60TH AVE	MIAMI LAKES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/01 305-557-5212

CR2E034 (10/00)