

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90101 047 \*\*\*150.00

**DOCUMENT # 595415**

1. Entity Name

**RENNAK, INC.**

Principal Place of Business

Mailing Address

~~2401 EAST 8TH AVE~~  
~~HALEAH FL 33013~~  
 US

~~2401 EAST 8TH AVE~~  
~~HALEAH FL 33013 3445~~  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI LAKES FL**

**CAME**

Zip

Country

Zip

Country

**33014**

**USA**

**CAME**

**CAME**

4. FEI Number

**59-1867069**

Applied For

Not Applicable

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

**KANNER, SUSAN**  
~~2401 EAST 8TH AVE~~  
~~HALEAH FL 33013~~

Name **KANNER SUSAN**

Street Address (P.O. Box Number is Not Acceptable)

**6161 MIAMI LAKES DRIVE EAST**

City **MIAMI LAKES**

**FL**

Zip **33014**

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

*Susan Kanner*

**SUSAN KANNER**

**4/24/2000**

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, 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 **PD** ☐ Delete  
 NAME **KANNER, REUVEN**  
 STREET ADDRESS ~~2401 E 8 AVE~~  
 CITY-ST-ZIP ~~HALEAH FL~~

TITLE ☒ Change ☐ Addition  
 NAME **6161 MIAMI LAKES DRIVE EAST**  
 STREET ADDRESS **MIAMI LAKES FL**  
 CITY-ST-ZIP **33014**

TITLE **STD** ☐ Delete  
 NAME **KANNER, SUSAN A**  
 STREET ADDRESS ~~2401 EAST 8TH AVE~~  
 CITY-ST-ZIP ~~HALEAH FL~~

TITLE ☐ Change ☐ Addition  
 NAME **6161 MIAMI LAKES DRIVE EAST**  
 STREET ADDRESS **MIAMI LAKES FL**  
 CITY-ST-ZIP **33014**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

*Reuven Kanner*  
**REUVEN KANNER**

**4/24/2000 90569370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #