

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28726**

1. Entity Name

RENFO LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 PM 3: 35



Principal Place of Business

2901 W. STATE ROAD 434, SUITE 141
LONGWOOD FL 32779

Mailing Address

2901 W. STATE ROAD 434, SUITE 141
LONGWOOD FL 32779-4883

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

38-2876164

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

SINGER, GARY

2901 W STATE ROAD 434, SUITE 141
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

CorpDirect Agents

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

103 N. Meridian Street, Lower Level

City

Tallahassee

FL

Zip Code
32301

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

Cynthia Hicks

Cynthia Hicks

4-20-00

DATE

9. Capital Contributions
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P25503
NAME GP RENFO, INC
STREET ADDRESS 2025 W. LONG LAKE RD.
CITY - ST - ZIP TROY MI

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

800003223768--9
-04/25/00-01100-018
****\$35.00 ****\$35.00

3/1

4/20

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/00

Date

Daytime Phone #

CR2E003 (9/99)