

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90364 027 ***150.00

DOCUMENT # G87041

1. Entity Name
ED-RENE, INC.

Principal Place of Business

**5500 N.W. 15TH STREET
MARGATE FL 33063
US**

Mailing Address

**ED-RENE INC.
P.O. BOX 93-5056
MARGATE FL 3309
US**

2. Principal Place of Business

322 BUCHANAN ST.

3. Mailing Address

Suite, Apt. #, etc.

PHC #8

City & State

HOLLYWOOD, FLA.

Zip

33019

Country

USA

Country

4. FEI Number

59-2381635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERLMAN, EDWARD

909 CARMEL LANE DR.

APT. 108

NO. MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name **EDWARD PERLMAN**

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

322 BUCHANAN ST. PHC #8

HOLLYWOOD, FLA.

City

FL

Zip Code

33019

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, 2002 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

TITLE **DP** ☒ Delete
NAME **PERLMAN, EDWARD**
STREET ADDRESS **909 CARMEL LAKE DR., APT. 108**
CITY-ST-ZIP **NO. MIAMI BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Change ☐ Addition
NAME **EDWARD PERLMAN**
STREET ADDRESS **322 BUCHANAN ST. PHC #8**
CITY-ST-ZIP **HOLLYWOOD, FLA 33019**

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

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-02 954-342-8346

CR2E034 (9/01)