2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90086 049 ***150.00

0495507

DOCUMENT # H78342

1. Entity Name
RENOR, INC.

Principal Place of Business	Mailing Address
2127 BRICKELL AVE STE - 1501 MIAMI FL 33129 US — 2333 Brickell Apt. 1811	2333 BRICKELL AVE 1811 MIAMI FL 33129 US — 2333 Brickell Ave

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2333 Brickell Ave.	2333 Brickell Ave.
Suite, Apt. #, etc.: 1811	Suite, Apt. #, etc.: 1811
City & State: Miami, FL	City & State: MIAMI, FL.
Zip: 33129 Country: USA	Zip: 33129 Country: USA

4. FEI Number 59-2723106 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, RENE T., M.D.
2333 ~~2127~~ BRICKELL AVE
STE - ~~1501~~ 1811
MIAMI FL 33129

7. Name and Address of New Registered Agent

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	PST SANCHEZ, RENE T., M.D. 2333 ~~2127~~ BRICKELL AVE / STE - ~~1501~~ 1811 MIAMI FL 33129 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Rene Sanchez MD President 3/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Rene T. Sanchez

CR2E034 (10/00)