

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90113 003 ***550.00

0039147 AV

DOCUMENT # H79941

1. Entity Name
RENTAL INVESTMENTS, INC.



Principal Place of Business

Mailing Address

550 N.W. LELOVNE RD
SUITE 202
MIAMI FL 33126
US

P.O. BOX 350365
550 NW LEJEUNE RD., SUITE 202
MIAMI FL 33135
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7951 S.W. 40ST
Suite, Apt. #, etc.
204

P.O. Box 350365
Suite, Apt. #, etc.

City & State
MIAMI FLA

City & State
MIAMI FLA

4. FEI Number
59-2592712

Applied For
Not Applicable

Zip
33135

Country

Zip
33135

Country

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

CALAS, MANUEL
1717 N BAYSHORE DR
#2451
MIAMI FL 33132

Name

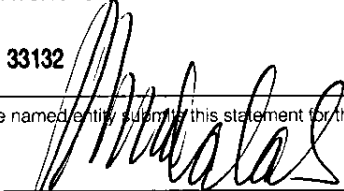
Street Address (P.O. Box Number is Not Acceptable)

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  **DATE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **DELGADO, DELORES**
STREET ADDRESS **2455 SW 11 ST**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **PD** ☐ Delete
NAME **CALAS, MANUEL**
STREET ADDRESS **1717 N BAYSHORE DR #2451**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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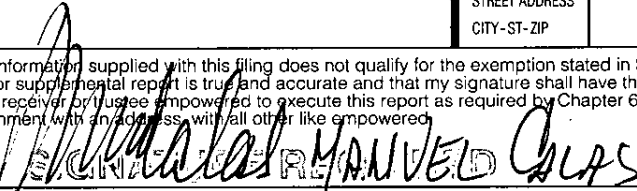
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

 **7/10/01** **(305) 842-8629**

CR2E034 (5/01)