FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92204 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M34420

1. Entity Name
RENZO FACCHETTI, INC.

0U111041

Principal Place of Business	Mailing Address
2725 ARBORWOOD RD. DAVIE, FL 33328	P.O. BOX 290130 DAVIE, FL 33329-0130 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
6352 N.W. 173 street		6352 N.W. 173 rd	
Suite, Apt. #, etc. miami, Florida		Suite, Apt. #, etc. street	
City & State		City & State miami, Florida	
Zip 33015	Country USA	Zip 33015	Country U.S.A.

4. FEI Number **59-2820127** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BATARSE, JOSE ENRIQUE
2725 ARBORWOOD RD.
DAVIE, FL 33328

7. Name and Address of New Registered Agent

Name: Jose Enrique Batarse
Street Address (P.O. Box Number is Not Acceptable): 6352 N.W. 173rd street
City: miami FL Zip Code: 33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATARSE, ENRIQUE 2725 ARBORWOOD RD. DAVIE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Batarse, Enrique 6352 N.W. 173rd street miami, FL. 33015	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (Jose Enrique Batarse - ~~President~~ Director) April 30, 2003 (305)557-5603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #