

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M93466**

1. Entity Name

S & R RENTALS, INC.**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90111 048 ***150.00

Principal Place of Business

**16702 NW 12 ST
PEMBROKE PINES FL 33028
US**

Mailing Address

**16702 NW 12TH ST
PEMBROKE PINES FL 33028
US**

00003832



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0074042

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**RIVERA, RAMON
16702 NW 12TH ST
PEMBROKE PIENS FL 33028**

7. Name and Address of New Registered Agent

Name

SAME

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RIVERA, RAMON	16702 NW 12TH ST	PEMBROKE PINES FL	

VP	ELLIOTT, STEVE	17913 CAUDEL RD	ORLANDO FL 32833	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> 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 #

01-18-01 407-568-7656

CR2E034 (10/00)