

2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State

04-23-2002 90352 020 ****70.00

DOCUMENT # N01000003901

1. Entity Name

HOGAR RENACER INC.

Principal Place of Business

Mailing Address

~~2199 ALI BABA
OPALOCKA FL 33054~~ Delete

~~2199 ALI BABA
OPALOCKA FL 33054~~ Delete
P.O. Box 540993
Opalocka FL 33054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1621 N.E. M. PLACE
Suite, Apt. #, etc.

P.O. BOX 540993
Suite, Apt. #, etc.

City & State

City & State

MIAMI FL.

OPALOCKA FL

4. FEI Number

Applied For

04-3660474

Not Applicable

Zip

Country

Zip

Country

33132

DADE

33054

DADE

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

ROSARIO, BOBBY
19815 NW 34 AVE
MIAMI FL 33056

Name Bobby Rosario
Street Address (P.O. Box Number is Not Acceptable)
19815 NW 34 AVE
Miami FL 33056
City MIAMI FL Zip Code 33056

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

5/6/02
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSARIO, BOBBY	
STREET ADDRESS	19815 NW 34 AVE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	S	<input type="checkbox"/> Delete
NAME	VELEZ, ELOISA	
STREET ADDRESS	6707 BROOKLINE RD	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANTIESTEBAN, OBED	
STREET ADDRESS	1875 W 59 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

Bobby Rosario
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOBBY ROSARIO, 305-687-8631

Daytime Phone #

CR2E037 (9/01)