

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90155 031 \*\*\*\*70.00

**DOCUMENT # NO1000003901**

1. Entity Name  
**HOGAR RENACER INC.**



Principal Place of Business

**1621 NE M PLACE  
MIAMI FL 33132**

Mailing Address

**PO BOX 540993  
OPALOCKA FL 33054**

2. Principal Place of Business

**1621 N.E.M. Place**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 540993**  
Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**OPALOCKA, FL**

Zip

**33132**

County

**Dade**

Zip

**33054**

County

**Dade**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-3660474**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROSARIO, BOBBY  
19815 NW 34 AVE  
MIAMI FL 33056**

7. Name and Address of New Registered Agent

Name **Bobby Rosario**  
Street Address (P.O. Box Number is Not Acceptable)

**19815 N.W. 34 Ave**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Bobby Rosario**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **ROSARIO, BOBBY**  
STREET ADDRESS **19815 NW 34 AVE**  
CITY-ST-ZIP **MIAMI FL 33056**

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

TITLE **SD** ☐ Delete  
NAME **VELEZ, ELOISA**  
STREET ADDRESS **6707 BROOKLINE RD**  
CITY-ST-ZIP **MIAMI LAKES FL 33015**

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

TITLE **TD** ☐ Delete  
NAME **SANTESTEBAN, OBED**  
STREET ADDRESS **1675 W 59 ST**  
CITY-ST-ZIP **HALEAH FL 33012**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 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: **ELOISA VELEZ** 2/26/03 205-1878631

CR2E037 (10/02)