FILED
Jun 15, 2001 8:00 am
Secretary of State
05-15-2001 90175 003 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT P00000018478

1. Entity Name
RENT ALL USA CORP.

Principal Place of Business	Mailing Address
1001 NORTH FEDERAL HWY HALLANDALE, FL 33009	1001 NORTH FEDERAL HWY HALLANDALE, FL 33009

7374

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1001 N. FEDERAL HWY		1001 N. FEDERAL HWY	
Suite, Apt. #, etc.: SUITE 202		Suite, Apt. #, etc.: SUITE 202	
City & State: HALLANDALE, FL		City & State: HALLANDALE, FL	
Zip: 33009	Country: US	Zip: 33009	Country: US

4. FEI Number: 65-1109127 ☐ Applied For ☐ Not Applicable

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
LEDUC, REJEAN 1001 N FEDERAL HWY, STE 205 HALLANDALE FL 33009	Name: LEDUC, REJEAN Street Address (P.O. Box Number is Not Acceptable): 1001 N. FEDERAL HWY SUITE 202 City: HALLANDALE FL Zip Code: 33009

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEDUC, REJEAN 3901 S. OCEAN DR. SUITE 7F HOLLYWOOD, FL 33019 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEDUC, REJEAN 473 GOLDEN ISLES DR. APT. 301 HALLANDALE, FL 33009 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

3. 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: ________ REJEAN LEDUC 04/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #