

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90006 009 ***550.00

DOCUMENT # P00000043833

1. Entity Name
BUY OR RENT, INC.

Principal Place of Business
10935 LA SALINAS CIRCLE
BOCA RATON FL 33428

Mailing Address
10935 LA SALINAS CIRCLE
BOCA RATON FL 33428

2. Principal Place of Business

Buy or Rent, Inc.
 Suite, Apt. #, etc.

3. Mailing Address

3365 West Hillsboro Blvd
 Suite, Apt. #, etc.

City & State

City & State

Deerfield Beach, FL

4. FEI Number

65-1021963

Applied For

Not Applicable

Zip

Country

Zip

33442

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, OTEL
5787 W SUNRISE BLVD.
PLANTATION FL 33313

7. Name and Address of New Registered Agent

Name

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

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

Registered Agent signature required when reinstating)

DATE

8/30/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PVST** ☐ Delete
 NAME **KOPP, KENNETH**
 STREET ADDRESS **10935 LA SALINAS CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete
 NAME **KOPP, KENNETH**
 STREET ADDRESS **10935 LA SALINAS CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Kenneth B. Kopp
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/30/01 (954) 480-6077

CR2E034 (5/01)