

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90195 047 \*\*\*150.00

**DOCUMENT # P00000050055**

1. Entity Name  
**RENSA CORP.**



Principal Place of Business  
**1457 NORTHWEST 126TH TERRACE  
SUNRISE FL 33323**

Mailing Address  
**1457 NORTHWEST 126TH TERRACE  
SUNRISE FL 33323**



2. Principal Place of Business  
**11401 Pines Blvd #472**

3. Mailing Address  
**630 NW 206 Ave**

Suite, Apt. #, etc.  
**#472**

Suite, Apt. #, etc.

City & State  
**Pembroke Pines, FL**

City & State  
**Pembroke Pines, FL**

Zip  
**33026**

Country  
**USA**

Zip  
**33029**

Country  
**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1010829**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **SAYEGH, REINALDO N**  
STREET ADDRESS **1457 NORTHWEST 126TH TERRACE**  
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **V** ☐ Delete  
NAME **SAYEGH, ROBERTO**  
STREET ADDRESS **1457 NORTHWEST 126TH TERRACE**  
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **S** ☐ Delete  
NAME **SAYEGH, MARY**  
STREET ADDRESS **1457 NORTHWEST-126TH TERRACE**  
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **T** ☐ Delete  
NAME **SAYEGH, JORGE**  
STREET ADDRESS **1457 NORTHWEST 126TH TERRACE**  
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE-SECRETARY** ☒ Change ☐ Addition  
NAME **SAYEGH, REINALDO N.**  
STREET ADDRESS **1457 NW 126th terrace**  
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE **HURTADO, MARIA** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **HURTADO, MARIA**  
STREET ADDRESS **630 NW 206 Ave**  
CITY-ST-ZIP **Pembroke Pines, FL 33029**

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

TITLE ☐ Change ☐ Addition  
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with any other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/21/03 (954) 646 6834**

Date

Daytime Phone #