

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90113 007 ***158.75

DOCUMENT # P00000053087

1. Entity Name

RENACER CORP

Principal Place of Business

Mailing Address

**16118 SW 106 TERR.
 MIAMI FL 33196**

**16118 SW 106 TERR.
 MIAMI FL 33196**

2. Principal Place of Business

13350 S.W. N. CALUSA DR.

3. Mailing Address

1005 S.W. 87TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-1013166

Applied For

Not Applicable

Zip
33186

Country
U.S.A.

Zip
33174

Country
U.S.A.

5. Certificate of Status Desired **XX**

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKOVIC, VESNA
 16118 SW 106 TERR.
 MIAMI FL 33196**

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

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 **PD** ☐ Delete
 NAME **MARKOVIC, VESNA**
 STREET ADDRESS **16118 SW 106 TERR.**
 CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **VD** ☒ Delete
 NAME **COBOS, NORMA**
 STREET ADDRESS **16118 SW 106 TERR.**
 CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VESNA MARKOVIC-PRES. 4/16/02 305-266-0575

Date

Daytime Phone #

CR2E034 (10/00)