## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000064083  1. Entity Name AMERI-RENT, INC.				Secretary of State 04-25-2001 90107 009 ***150.00		
14040 NW 27 AVENUE 1404		Mailing Address 14040 NW 27 AVENUE OPA LOCKA FL 33054	14040 NW 27 AVENUE			
2. Principal Place of Business 516 NW 97 Ave Suite, Apt. #, etc. Suite, Apt. #, etc.			<i>same</i>		DO NOT WRITE IN THIS SPACE	
	ATION PL	City & State			4. FEI Number Applied For Not Applicable	
<sup>Zip</sup> 333	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Zip	Country		5. Certificate of Status Desired Sa.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Na				idress (F 516	7. Name and Address of New Registered Agent  ALLO ALLO ALLO  P.O. Box Number is Not Acceptable)  FL Zip Code 24	
8. The above named entity submits this statement for the ourpose 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 reinstituting)  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 \$550.00  After September 12, 2001 Fee will be Make Check Payable to Department of				<b>\$750.</b> 0	ite Hast Pario Contribution.	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEN, HUBERT 14040 NW 27 AVENUE OPA LOCKA FL 33054	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	51	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  esijent  atalina Consiglio  6 NW 97 Ave  100 TATION FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHEN, BETTY 14040 NW 27 AVENUE OPA LOCKA FL 33054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	Change Addition  ETTY CHEN  15 PONCIANA Blud  101 Isles FL 33160	
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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:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  7/18/01 (954) 236-5732  Daytime Prone #						