FOR PROFIT CORPORATION FILED **UNIFORM BUSINESS REPORT (UBR)** 02 MAY -3 PM 12: 57 DOCUMENT # P000000 644 82 1. Entity Name Rent ARETREAT. COM, Inc. DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 5W 64 Ave. 341 5W64 Ave. 341 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 62-1823878 Not Applicable Margate margates Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required Broward Broward 330*68* 7. Name and Address of Current Registered Agent Melanie E. Fernandez DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code City Margale 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. Melanie E. Fernandez Melance Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Tax fling requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 900005507459--6 TITLE TITLE -05/14/02--01001--003 ****308.75 ****308.75 Dorothy M. Colestock POBOX 2729 Andrews, NC 28901 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME melanie E. Fernandez STREET ADDRESS STREET ADDRESS 341 5W64 Ave. Margate, F1. 33068 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME Ramon E. Fernandez STREET ADDRESS 341 SW 64 Ave. Margate, F1. 33068 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

954 - 975 - 7846

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Melanie E. Fernandez Melanie Eternande Date Date

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

<u> ナー 26 - ひみ</u> Davtime Phone CR2E034B (12/01)