

Amended.
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

08-06-2002 90147 001 ****61.25
08-06-2002 90147 002 ****8.75
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P00000102639

DOCUMENT # P00000102639

1. Entity Name

RENT-TO-OWN CONDOMINIUMS, INC.

02 AUG -9 PM 4:01

DO NOT WRITE IN THIS SPACE

98178

2. Principal Place of Business

9095 S. W. 87 Ave. #777

3. Mailing Address

9095 S.W. 87 Ave., #777

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-1084118

Applied For
Not Applicable

Zip
33176

Country
Miami-Dade

Zip
33176

Country
Miami-Dade

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
EUGENE J. HOWARD, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1111 Lincoln Road Suite 400

City MIAMI BEACH FL Zip Code 33139

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 NO

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JAMES MITCHELL
9095 S. W. 87 Avenue #777
MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RON SIMKINS
9095 S.W. 87 Avenue #777
MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RON SIMKINS

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**

01/9/02