

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90033 048 ***158.75

0299601 AV

DOCUMENT # P00000107075

1. Entity Name
RENOWITZKY CONSTRUCTION & EQUIPMENT, INC.

Principal Place of Business
16243 SW 102ND TERRACE
MIAMI FL 33196

Mailing Address
16243 SW 102ND TERRACE
MIAMI FL 33196



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1067207**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RENOWITZKY, CARLOS
16243 SOUTHWEST 102 TERRACE
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name **Renowitzky Marcela**
 Street Address (P.O. Box Number is Not Acceptable)
16243 SW 102 TERRACE
 City **Miami** **FL** Zip Code **33196**

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

(NOTE: Registered Agent signature required when reinstating)

02-12-02
 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, 2002 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

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	RENOWITZKY, CARLOS	
STREET ADDRESS	16243 SOUTHWEST 102 TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	President	<input type="checkbox"/> Delete
NAME	RENOWITZKY, MARCELA	
STREET ADDRESS	16243 SW 102ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	RENOWITZKY, RAMON	
STREET ADDRESS	16243 SW 102ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZABARAIN, DORIS	
STREET ADDRESS	16243 SW 102ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED

02-12-02

Date

Daytime Phone #

CR2E034 (9/01)