

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90724 012 ***150.00

DOCUMENT # P01000101967

1. Entity Name
RENEGADE HOLDINGS, INC.



Principal Place of Business
**201 SOUTH BISCAYNE BLVD., STE. 1500
MIAMI FL 33131**

Mailing Address
**201 SOUTH BISCAYNE BLVD., STE. 1500
MIAMI FL 33131**

11040033



2. Principal Place of Business
12000 BISCAYNE BLVD

3. Mailing Address

Suite, Apt. #, etc.
STE 502

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip
33181

Country

Zip

Country

4. FEI Number
65-1149399

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

Name
Bill Borkan

Street Address (P.O. Box Number is Not Acceptable)
12000 Biscayne Blvd Ste 502

City
Miami **FL** Zip Code
33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D BORKAN, BILL
12000 BISCAYNE BLVD. - SUITE 502
MIAMI FL 33181

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D BORKAN, BURT
12000 BISCAYNE BLVD. - SUITE 502
MIAMI FL 33181

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C JACK, BILL
12000 BISCAYNE BLVD. - SUITE 502
MIAMI FL 33181

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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12. 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 10 or Block 11 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

Date

Daytime Phone #

4-10-03

8058931700

CR2E034 (10/02)