2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2003 8:00 am Secretary of State

DOCUMENT # P02000102439 1. Entity Name RENE' CONSTRUCTION, INC.						03-28-2003 90080 011 ***150.00
Principal Place of Business Mailing Address 1065 BEULAH DRIVE 1065 BEULAH DRIVE EDGEWATER FL 32137 EDGEWATER FL 32137						A NADARAN SAK BONSA AKAN BONSA ABANK BONSA BASAR KIRKI SAKUA KIRAN BILIBA KANDA KANDA KANDA KANDA KANDA
Principal Place of Business Mailing Address					7	
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKIN		CHECK HERE IF MAKING CHANGES
City & State City &		City & State			- A.	FEI Number Applied For Not Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	ــــــــــــــــــــــــــــــــــــــ	Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent		Name	7.	Name and Address of New Registered Agent
						Box Number is Not Acceptable)
1065 BEULAH DRIVE 413 EDGEWATER FL 32137						
14.3				City		FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both in the State of Florida. I am familiar with, and accept						
the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and trib if applicable. (NOTE: Registered Agent signature required when hairstating) DATE						
FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND I	DIRECTORS	11.		Al	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	15 RENE COLEMN Delete			E Et adoress		Change Addition Change Addition Change
CITY-ST-ZIP	EGGEWATER	FL 32132		-ST-ZIP		
TITLE NAME STREET AODRESS CITY-ST-ZIP	, at \$1.00 may	☐ Delete		ŀ	L 4:1=	☐ Change ☐ Addition ☐ Š
		□ Dales	TITLE			☐ Change ☐ Addition
TITLE _name		☐ Delete				Change Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP		
TITLE NAME STREET ADDRESS		☐ Delete		ET ADORESS	 -	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST. 718		☐ Delote	TITLE NAME STREE	ET ADDRESS		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Celate		TITLE NAME STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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.						