

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90334 031 ***150.00

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DOCUMENT # P02000123814

1. Entity Name

RENOUVELLE INCORPORATED



Principal Place of Business
**721 NW 138 ST.
MIAMI FL 33168**

Mailing Address
**721 NW 138 ST.
MIAMI FL 33168**



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

35-219-0000

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

**PIERRE, HAROLD
300 NW 111 ST.
MIAMI, FL FL 33168**

Name **ALVIN BELLEFLEUR**

Street Address (P.O. Box Number is Not Acceptable)
721 NW 138 ST

City **MIAMI**

FL

Zip Code **33168**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/9/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

**P
BELLEFLEUR, ALVIN R
721 NW 138 ST.
MIAMI FL 33168**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/03 (786) 251-0993
Date Daytime Phone #

CR2E034 (4/03)

Attachment

10110189
#P02000123814

721 NW 138 Street
Miami, Fl 33168

July 9, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear To whom it may concern:

The under signed is writing this letter to bring to attention that the Uniform Business Report in which this note is attached has been the primary and only notification of this filing. No other U.B.R. has been received preceding the following. Please find attached the required filing fee. Thank you.

Alvin Bellefleur

