

2001 UNIFORM BUSINESS REPORT (UBR)

3. **FILED**
Apr 19, 2001 8:00 am
Secretary of State
03-16-2001 90040 013 ***150.00

DOCUMENT # P93000041108

1. Entity Name

RENE'S 95 SHOWROOM CORP.

Principal Place of Business

4200 N.W. 16TH ST.
PENTHOUSE A
LAUDERHILL FL 33317

Mailing Address

4200 N.W. 16TH ST.
PENTHOUSE A
LAUDERHILL FL 33317

2. Principal Place of Business

880 SW 10TH AVE BAY 8R

Suite, Apt. #, etc.

BAY 8R

City & State

POMPANO BEACH

Zip

33069

Country

BRWD

3. Mailing Address

880 SW 10TH AVE

Suite, Apt. #, etc.

BAY 8R

City & State

POMPANO BEACH

Zip

33069

Country

BRWD

6. Name and Address of Current Registered Agent

LICKER, JEFFREY
4200 NW 16TH ST. PENTHOUSE A
LAUDERHILL FL 33313

7. Name and Address of New Registered Agent

Name **S. ZIMMERMAN**

Street Address (P.O. Box Number is Not Acceptable)

601 ONE 26TH AVE

City

POMPANO BEACH

FL

Zip Code

33062

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	PD	☐ Delete
NAME	BRAUSER, BERNICE	
STREET ADDRESS	4200 NW 16TH ST PENTHOUSE A	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	STD	☐ Delete
NAME	ZONENSHING, RENEE	
STREET ADDRESS	4200 NW 16TH STREET PENTHOUSE A	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	EVP	☒ Delete
NAME	LICKER, JEFFREY	
STREET ADDRESS	4200 NW 16TH ST PENTHOUSE A	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	VP	☐ Delete
NAME	MENINNO, ROBERT	
STREET ADDRESS	4200 NW 16TH STREET PENTHOUSE A	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENEE ZONENSHING

Date

Daytime Phone #

CR2E034 (10/00)