

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0182596 AV

DOCUMENT # P93000041108

1. Entity Name
RENE'S 95 SHOWROOM CORP.

03-03-2002 90105 029 ***150.00

Principal Place of Business
880 SW 10TH AVE BAY 8R
POMPANO BEACH FL 33069

Mailing Address
880 SW 10TH AVE BAY 8R
POMPANO BEACH FL 33069



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0433359**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ZIMMERMAN, S
601 NE 26TH AVE
POMPANO BEACH FL 33062

Name
CLARE SAWCHUK
 Street Address (P.O. Box Number is Not Acceptable)
880 S.W. 10th AVENUE
BAY 8R
 City
POMPANO BEACH **FL** Zip Code
33069

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 **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BRAUSER, BERNICE**
STREET ADDRESS **4200 NW 16TH ST PENTHOUSE A**
CITY-ST-ZIP **LAUDERHILL FL 33313**

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

TITLE **STD** ☐ Delete
NAME **ZONENSHING, RENEE**
STREET ADDRESS **4200 NW 16TH STREET PENTHOUSE A**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☒ Change ☐ Addition
NAME **RENEE ZONENSHINE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MENINNO, ROBERT**
STREET ADDRESS **4200 NW 16TH STREET PENTHOUSE A**
CITY-ST-ZIP **LAUDERHILL FL 33313**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: **2/20/02 957-7888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RENEE ZONENSHINE** **Date** **Daytime Phone #**

CR2E034 (9/01)