

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062051

1. Entity Name

RENY MOLD, INC.

Principal Place of Business

Mailing Address

15610 BULLRUN RD
#514-K
MIAMI LAKES, FL
33014

15610 BULLRUN RD
#514-K
MIAMI LAKES, FL.
33012-2125

2. Principal Place of Business

3. Mailing Address

P.O. BOX 160667

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH, FL.

Zip

Country

Zip

Country

33016

U.S.A.

4. FEI Number

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

DA SILVA, ANTONIO F
15610 BULLRUN RD #514-K
MIAMI LAKES, FL. 33014

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
DA SILVA, ANTOIO F
14630 BULLRUN STE 210
MIAMI LAKES, FL. 33014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO F. DA SILVA

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90049 045 ***150.00

A0054955

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

4-16-01

Date

Daytime Phone #