

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90711 019 ***150.00

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1. Entity Name
RENY MOLD, INC.



Principal Place of Business
**15610 BULLRUN RD.
514-K
MIAMI LAKES FL 33014**

Mailing Address
**PO BOX 160667
HIALEAH FL 33016**



2. Principal Place of Business
1820 W 53RD ST

3. Mailing Address

Suite, Apt. #, etc.
208

Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State

Zip
33013

Country
U.S.A

Zip

Country

4. FEI Number
65-0687495

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1820 W 53RD ST # 208
City **HIALEAH** FL Zip Code **33013**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **PD** ☐ Delete
NAME **DA SILVA, ANTONIO F**
STREET ADDRESS **14636 BULLRUN STE 210**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **DA SILVA, ANTONIO F**
STREET ADDRESS **1820 W 53RD ST # 208**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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: **X** **SIGNATURE REQUIRED**

3-3-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)