

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90099 003 ***150.00

DOCUMENT # P96000065090

1. Entity Name

The Rente Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3090 Shawnee Ave.

3. Mailing Address

3090 Shawnee Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

650683989

Applied For

Not Applicable

Zip

33409

Country

USA

Zip

33409

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Enrique Rente

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

207 Moccasin Trail North

City
Jupiter

FL

Zip Code
33458

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 CP **Rente, Enrique**
NAME
STREET ADDRESS 207 Moccasin Trail No.
CITY-ST-ZIP Jupiter, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT **Rente, Juan**
NAME
STREET ADDRESS 203 Moccasin Trail No.
CITY-ST-ZIP Jupiter, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S **Rente, Francisca A**
NAME
STREET ADDRESS 203 Moccasin Trail No.
CITY-ST-ZIP Jupiter, FL 33458

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 (561) 471-9375

CR2E034B (12/01)