2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am § Secretary of State P97000094026 DOCUMENT # 1. Entity Name 05-16-2002 90034 009 ***150 00 RENZI BUILDING, INC. Principal Place of Business Mailing Address 3052 S.W. 27TH AVENUE 3052 S.W. 27TH AVENUE SUITE 101 SUITE 101 MIAMI Ft. 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0797339 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent = 7. Name and Address of New Registered Agent RENZI, PASQUALE Street Address (P.O. Box Number is Not Acceptable) 3052 S.W. 27TH AVNEUE SUITE 101 **MIAMI FL 33133** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. eresident TITLE ☐ Delete TITLE CR2E034 (9/01) RENZI, RENZO NAME NAME Crandon Blvd. #163 251 CRANDON BLVD., #1105 STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL CITY-ST-ZIP CITY-ST-ZIP 4 Biscayne, FL 33149 ☐ Delete TITLE Change RENZI, PASQUALE NAME , Pasquall 3045 LUCAYA ST. STREET ADDRESS STREET ADDRESS 2642 Natoma CITY-ST-ZIP MIAMI FL CITY-ST-7IP TITI F Delete TITLE Change - Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received 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

SIGNATURE:

MEDOINED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

an address, with

all other like empowered.

FILED