FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State DOCUMENT # P97000107386 1. Entity Name 05-15-2002 90084 024 ***150.00 RENEET, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1665 COLLINS AVENUE 1665 COLLINS AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For MIAMI BEACH, FL MIAMI BEACH, FL 65-0804493 Not Applicable Country Zio 33139 Country Zip 33139 \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of Current Registered Agent TARICH, RENEE DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 16470 NF 30 AVENUE City ^Z33660 N. MIAMI BEACH 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) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria ch back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS JD TITLE CR2E034B (12/01) TITLE TARICH, RENEE NAME NAME 16470 NE 30 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH, FL 33160 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE NAME NAME ---STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-792

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

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