

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90004 036 ***550.00

DOCUMENT # P98000022858

1. Entity Name
RENARD MANUFACTURING CO.

Principal Place of Business

**3305 N.W. 79TH AVE
 MIAMI FL**

Mailing Address

**3305 N.W. 79TH AVE
 MIAMI FL 32303**

2. Principal Place of Business

14515 NW 60th Ave.

3. Mailing Address

14515 NW 60th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes

City & State

Miami Lakes

Zip

33014

Country

Zip

33014

Country

4. FEI Number

23-2963897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, EDUARDO
 11841 S.W. 35 TERR
 MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **Elmer Roqueta**
 Street Address (P.O. Box Number is Not Acceptable)
14515 NW 60th Ave.
 City **Miami Lakes** FL Zip Code **33014**

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]

ELMER C. ROQUETA GENERAL MGR 9/11/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SIMERLY, JULIAN C	
STREET ADDRESS	3305 NW 79TH AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	SWEEN, JEFFERY W	
STREET ADDRESS	1101 ENTERPRISE DR	
CITY-ST-ZIP	ROYERSFORD PA 19468	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BOWMAN, WILLIAM	
STREET ADDRESS	3305 NW 79 AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, EDUARDO	
STREET ADDRESS	11841 SW 35 TERR	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	?/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEEN, JEFFERY W	
STREET ADDRESS	1101 Enterprise Drive	
CITY-ST-ZIP	Royersford PA 19468	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Selig, Brian J.	
STREET ADDRESS	1101 Enterprise Drive	
CITY-ST-ZIP	Royersford PA 19468	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Callis, Margo	
STREET ADDRESS	1101 Enterprise Drive	
CITY-ST-ZIP	Royersford PA 19468	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bothe, E. Marie	
STREET ADDRESS	1101 Enterprise Drive	
CITY-ST-ZIP	Royersford PA 19468	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kraft, Mark	
STREET ADDRESS	1101 Enterprise Drive	
CITY-ST-ZIP	Royersford PA 19468	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10/01 610-495-2200

CR2E034 (5/01)