

**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      Mailing Address

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

2. Principal Place of Business      3. Mailing Address

**14515 NW 60th Ave.**      **14515 NW 60th Ave.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Miami Lakes**      **Miami Lakes**

Zip      Country      Zip      Country

**33014**           **33014**           **33014**

4. FEI Number      Applied For

**23-2963897**       Not Applicable

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

    



DO NOT WRITE IN THIS SPACE

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  
**Elier Roqueta**

Street Address (P.O. Box Number is Not Acceptable)  
**14515 NW 60th Ave.**

City      State      Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **Corporate Sec.**      **9/11/01**      **610-495-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)