

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**  
 09-21-2001 90005 022 \*\*\*550.00

DOCUMENT # P98000022862

1. Entity Name

WAI-RENARD REAL ESTATE, INC.

Principal Place of Business

3304 NORTHWEST 79TH AVENUE  
 MIAMI FL 33122

Mailing Address

3304 NORTHWEST 79TH AVENUE  
 MIAMI FL 33122

2. Principal Place of Business

14515 NW 60th Ave.

Suite, Apt. #, etc.

3. Mailing Address

14515 NW 60th Ave.

Suite, Apt. #, etc.

City & State

Miami Lakes

Zip

33014

Country

City & State

Miami Lakes

Zip

33014

Country

4. FEI Number

23-2963898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

YUNGE, MAURICIO

3305 NORTHWEST 79TH AVENUE  
 MIAMI FL 33122

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

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

ELIER C. ROQUETA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/17/01

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

P

BOTHE, E M  
 1101 ENTERPEISE DR  
 ROYERS FORD PA 19468

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VP

SWEEN, JEFFREY W  
 1101 ENTERPEISE DR  
 ROYERS FORD PA 19468

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

S

CALLIS, MARGO  
 1101 ENTERPEISE DR  
 ROYERS FORD PA 19468

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

T

KRAFT, KEVIN K  
 1101 ENTERPEISE DR  
 ROYERS FORD PA 19468

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

AT

GOOD, DUANE A  
 1101 ENTERPEISE DR  
 ROYERS FORD PA 19468

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Kraft, Mark S.

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D Kraft, Mark S.  
 1101 Enterpeise Drive  
 Royers Ford PA 19468

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Required Secretary 9/11/01 610-495-2200

Date

Daytime Phone #

CR2E034 (5/01)