

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90005 022 ***550.00

0032736 AV

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

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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** *E. Roqueta* **9/17/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DME

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 type="checkbox"/> Delete
NAME	BOTHE, E M	
STREET ADDRESS	1101 ENTERPEISE DR	
CITY-ST-ZIP	ROYERS FORD PA 19468	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWEEN, JEFFREY W	
STREET ADDRESS	1101 ENTERPEISE DR	
CITY-ST-ZIP	ROYERS FORD PA 19468	
TITLE	S	<input type="checkbox"/> Delete
NAME	CALLIS, MARGO	
STREET ADDRESS	1101 ENTERPEISE DR	
CITY-ST-ZIP	ROYERS FORD PA 19468	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KRAFT, KEVIN K	
STREET ADDRESS	1101 ENTERPEISE DR	
CITY-ST-ZIP	ROYERS FORD PA 19468	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	GOOD, DUANE A	
STREET ADDRESS	1101 ENTERPEISE DR	
CITY-ST-ZIP	ROYERS FORD PA 19468	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kraft, Mark S.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kraft, Mark S.	
STREET ADDRESS	1101 Enterpeise Drive	
CITY-ST-ZIP	Royers Ford PA 19468	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED** *Margo Callis, Corporate Secretary* **9/11/01 610-495-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)



DO NOT WRITE IN THIS SPACE