

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90172 007 ***550.00

DOCUMENT # P98000026591

1. Entity Name

Rent Axxon Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3530 Mystic Pointe Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.
1507

Suite, Apt. #, etc.
Same

City & State
Aventura, FL

City & State
Same

4. FEI Number
65-0828402

Applied For

Not Applicable

Zip
33180-4529

Country
U.S.A.

Zip
Same

Country
Same

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

7. Name and Address of Current Registered Agent

Name
Leonardo Roth

Street Address (P.O. Box Number is Not Acceptable)

3440 Hollywood Blvd. Suite # 360

City
Hollywood

FL

Zip Code
33021

**DO NOT WRITE
IN THIS SPACE**

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)

07/22/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
President
Jorge Raul Pack
3530 Mystic Pointe Dr. Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V. President
Eduardo Raul Funes
2345 N.E. 199 Street
N. Miami Beach, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Raul Pack, President

07/22/02

Date

Daytime Phone #

305 4363716

CR2E034B (12/01)