FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 91046 027 ***150.00

DOCUMENT # P98000026591

1. Entity Name

Rent Axxon Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2345 N. E. 199 Street	2345 N. E. 199 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Beach, Florida	City & State: N. Miami Beach. Florida
Zip: 33180-1827 Country: U.S.A.	Zip: 33180-1827 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0828402 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Roth, Leonardo A.

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

3440 Hollywood Blvd. Suite # 360

City: Hollywood FL Zip Code: 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when changing it)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

P Pack, Jorge Raul 18100 N. Bay Rd Sunny Isles, Fl 33160	
VP Funes, Eduardo Raul 2345 N. E. 199 Street N. Miami Beach, Fl 33180-1827	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: H Rey 04/03/2003 786-486-9908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #