

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90147 034 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070706

1. Entity Name

RENAIR, INC.

Principal Place of Business

15321 S. DIXIE HWY., SUITE 207
MIAMI FL 33157

Mailing Address

15321 S. DIXIE HWY., SUITE 207
MIAMI FL 33157-1814

2. Principal Place of Business

8180 SW 162nd PATH

Suite, Apt. #, etc.

3. Mailing Address

8180 SW 162nd PATH

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0868857

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CONTESSA, PAUL N
15321 S. DIXIE HWY., SUITE 207
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 the "Applicable"

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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-STATE-ZIP

PSTD
MERIAN, JEFFREY H
8180 S.W. 162ND PATH
MIAMI FL 33193

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-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. I changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)

4/28/2000 (786) 242-7020

CR2E034 (9/99)