## DOCUMENT # P98000107862 1. Entity Name

Principal Place of Business

RENATEK, INC.

Mailing Address

701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131

701 BRICKELL AVE. SUITE 3000

MIAMI FL 33131

## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 04, 2001 8:00 am Secretary of State

06-04-2001 90010 034 \*\*\*550.00

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Suite, Apt. e, etc.    Suite, Apt. e, etc.	Suite, Apt. #, etc. Suite, Apt. #, etc.		3. Mailing Address 8990 OLD CUTLER				
Country Zip Country Zip State    Country Zip Country Zip State   Country Zip State   Country State   Country State   Status Desired   \$8.75			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Expression   Country   Zip   Status   Desired   Status   Desired   Status   Desired   Status   Desired   Status   Desired   Status   Statu	City & State	)	City & State	···- <u>-</u>	4. FEI Number 65-0898317	Applied For Not Applicable	
6. Name and Address of Current Registered Agent  INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE, SUITE 3000 MIAMI FL 33131  City FL Zip  8. The abover named entity submits this statement for the purpose of changing its egistered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  9. This corporation is eligible to sabisfy its intangible Tax filling requirement and elects to do so. Make Check Payasi (See criteria on back)  TO EFICERS AND DIRECTORS  TILE  NAME  PERNANDEZ-BOMBINO, JULIO DR  7100 W 20TH AVENUE STE 304  HILEAH FL 33016  TILE  NAME  CAPOTE, PEDRO DR	Zip	Country	Zip	Country	Certificate of Status Desired	\$8.75 Additional	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE, SUITE 3000 MIAMI FL 33131  City FL Zip  8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  TILE  OFFICERS AND DIRECTORS  TILE  OWPS  CAPOTE, PEDRO DR  TOW W 20TH AVENUE STE 304 HIALEAH FL 33016  TILE  NAME  TINE  NAME  TOW W 25T JAP  TILE  OND  TILE  NAME  STRET ADDRESS  CITY-ST-ZIP  C			_ <del></del>	VS#		Fee Required	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE, SUITE 3000 MIAMI FL 33131    City   FL   Zip		6. Name and Address of Current Re	egistered Agent	Namo		stered Agent	
8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.  SIGNATURE    Signature, typed or preced name of registered agent and tres if applicable   (NOT)   Registered Agent surrature required when reinstating)   DATE	701 E	BRICKELL AVE, SUITE 3000	PORATION				
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DI				City		FL Zip Code	
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   FILE NOW! After MAY 1, 20   Fee will be \$550.00   Trust Fund Contribution.   A (See criteria on back)   Trust Fund Contribution.   A (See	o. The above	Trained office, Sabrino train statement for the	per pere g g	<b>.</b>			
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Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 20 in Fee will be \$550.00   Trust Fund Contribution. A Amake Check Payar is to Department of State  11. OFFICERS AND DIRECTORS  ITTLE I	SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable. (NOT)	Registered Agent signature requir	ed when reinstating)	DATE	
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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 it is 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 appears in Block 10 execute this report is 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 provided.

SIGNATURE: \_

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #