

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**  
 05-19-2000 90033 002 \*\*\*150.00

**DOCUMENT # P99000013028**

1. Entity Name

**REN-ART INC.**

Principal Place of Business

Mailing Address

**NW 55TH COURT  
 FL 33055**

**20426 NW 55TH COURT  
 MIAMI FL 33055-4752**

000440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**19253 NW 48th AVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**19253 NW 48th AVE**  
 Suite, Apt. #, etc.

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

4. FEI Number  
**65-0900178**

Applied For  
 Not Applicable

Zip Country  
**33055 USA**

Zip Country  
**33055 USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERRERA, JOSE R  
 20426 NW 55TH COURT  
 MIAMI FL 33055**

Name

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

**19253 NW 48th AVENUE**

City  
**MIAMI**

FL

Zip Code  
**33055**

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**PRESIDENT  
 JOSE R. HERRERA  
 19253 NW 48th AVE  
 MIAMI FLORIDA 33055**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**V-P/T  
 OLGA M. HERRERA  
 19253 NW 48th AVE  
 MIAMI FLORIDA 33055**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/00 (305) 627-9636**  
 Date Daytime Phone #

CR2E034 (9/99)