

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90101 042 ***150.00

660809

DOCUMENT # P99000028649
1. Entity Name
 JOSE RENTAS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4311 FLORA VISTA DR.
 Suite, Apt #, etc.

3. Mailing Address
 P.O. BOX 700335
 Suite, Apt #, etc.

DO NOT WRITE IN THIS SPACE

4. EEJ Number 59-3574126 **Applied For** **Not Applicable**

City & State ORLANDO, FL **City & State** ST. CLOUD, FL

Zip 32837 **Country** **Zip** 34770-0335 **Country**

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name RENTAS, JOSE A
Street Address (P.O. Box Number is Not Acceptable)
 4311 FLORA VISTA DR
City ORLANDO, **FL** **Zip Code** 32837

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 (NO IL Registered Agent signature required when renouncing) DNIL

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 \$87.25
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 PD	NAME RENTAS, JOSE A.	TITLE	
STREET ADDRESS 4311 FLORA VISTA DR	CITY-ST-ZIP ORLANDO, FL 32837	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 appointed 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 empowerments.

SIGNATURE: *Jose A. Rentas* **JOSE A RENTAS, PRES** **APRIL 30, 02** **407 443-7427**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #

CRS00048 (12/01)