

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034650

1. Entity Name

RENE'S INTERNATIONAL CUISINE, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90082 028 ***150.00

Principal Place of Business

Mailing Address

2050 SPECTRUM BLVD
FORT LAUDERDALE FL 33309

2050 SPECTRUM BLVD
FORT LAUDERDALE FL 33309-3008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pompano Beach FL

Zip

Country

Zip

Country

33060 BROWARD

4. FEI Number

65-0930654

Applied For

Not Applicable

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

CARVO & EMERY, P.A.
ONE FINANCIAL PLAZA SUITE 2020
FORT LAUDERDALE FL 33394

Name

RODRIGUEZ, Mimi N.

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

551 NE 5th STREET

City POMPAHO BEACH

FL

Zip Code

33060

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

Mimi Rodriguez President

2-20-00

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 PRESIDENT ☐ Delete
NAME Mimi N. RODRIGUEZ
STREET ADDRESS 551 NE 5th ST
CITY-ST-ZIP POMPAHO BEACH, FL 33060

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mimi Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)