

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
 03-12-2001 90011 001 ***150.00

DOCUMENT # P99000034650

1. Entity Name

RENE'S INTERNATIONAL CUISINE, INC.

Principal Place of Business

**2050 SPECTRUM BLVD
 FORT LAUDERDALE FL 33309**

Mailing Address

**551 NE 5TH STREET
 POMPANO BEACH FL 33060**

LUUJ2650



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

551 NE 5TH STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

4. FEI Number

65-0930654

Applied For

Not Applicable

Zip

33060

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MIMI N
 551 NE 5TH STREET
 POMPANO BEACH FL 33060**

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 **Mimi N. Rodriguez, President** *Mimi N. Rodriguez* **4-23-2001**

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, 2001 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 **P** ☐ Delete
 NAME **RODRIGUEZ, MIMI N**
 STREET ADDRESS **551 NE 5TH STREET**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.D** ☒ Change ☐ Addition
 NAME **Renée Rodriguez JR.**
 STREET ADDRESS **551 NE 5TH ST**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **Sen D** ☐ Change ☒ Addition
 NAME **Renée Rodriguez, SR.**
 STREET ADDRESS **551 NE 5TH ST**
 CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **T.D** ☐ Change ☒ Addition
 NAME **MARIE KAMPHUIS**
 STREET ADDRESS **3821 NE 34TH AVE**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE **V.P.** ☐ Change ☒ Addition
 NAME **Joel KAMPHUIS**
 STREET ADDRESS **3821 NE 34TH AVE**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

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

TITLE ☐ Change ☐ Addition
 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 N. Rodriguez, President** *Mimi N. Rodriguez* **4-23-2001** **954**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)