

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90454 032 ***150.00

0169345 AV

DOCUMENT # P990000034650

1. Entity Name
RENE'S INTERNATIONAL, INC.

Principal Place of Business
551 NE 5TH STREET
POMPANO BEACH FL 33060

Mailing Address
551 NE 5TH STREET
POMPANO BEACH FL 33060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0930654**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

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 _____ (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, 2002 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	PD RODRIGUEZ, RENE JR. 551 NE 5TH STREET POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, RENE SR. 551 NE 5TH STREET POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAMPUIS, MARIE 3821 NE 34TH AVE. FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAMPHUIS, JOEL 3821 NE 34TH AVE. FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, RENE JR. 551 NE 5TH STREET POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P RODRIGUEZ, RENE SR. 551 NE 5TH STREET POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. RODRIGUEZ, MIMI N. 551 NE 5TH STREET POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, RENE SR. 551 NE 5TH STREET POMPANO BEACH, FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-14-2002 / 954-7822875

CR2E034 (9/01)