2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 13, 2000 8:00 am
Secretary of State
06-13-2000 90011 019 ***150.00

1. Entity Name
RENTIBERIA INVESTMENT, INC.

Principal Place of Business

Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5000 N. OCEAN BLVD.		5000 N. OCEAN BLVD.	
Suite, Apt. #, etc. #212		Suite, Apt. #, etc. #212	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33308	Country BROWARD	Zip 33308	Country BROWARD

4. FEI Number 65-0925499. ☐ 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
Name NOFIL & NOFIL, P.A.
Street Address (P.O. Box Number is Not Acceptable) 3284 NORTH STATE ROAD 7
City LAUDERDALE LAKES FL Zip Code 33319

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 ____________ 5/1/00
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

TITLE	PTD	☐ Delete
NAME	ROSIQUE, JOSE ESPANA	
STREET ADDRESS	5000 NORTH OCEAN BLVD. #212	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	VSD	☐ Delete
NAME	SANTUCCI, MONICA VIVIANA	
STREET ADDRESS	5000 NORTH OCEAN BLVD. #212	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: ____________ PRESIDENT 5/1/00