2000 UNIFORM BUSINESS REPORT (UBR) DÖCÜMENT# POOY FILED RNT ENTERPRISES, INC. 00 DFC 11 AM 10: 29 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE FLORIDA 1806 NW 66TH TERRACE 1806 NW 66TH TERRACE MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Suite, Apt. #, etc. Applied For City & State City & State FEI Number 59-3651885 Not Applicable Ζip Country Ζiρ Country \$8.75 Additional 5.~Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THIBAULT ROBERT N 1806 NW 66TH TERRACE Street Address (P.O. Box Number is Not Acceptable) MARGATE, FL 33063 Zip Code City 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. DATE (NOTE: Registered Agent signature required which reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Addition TITLE Delete TITLE 700003506267 NAME THIBAULT ROBERT N NAME -12/19/00--01086-STREET ADDRESS STREET ADDRESS 1806 NW 66TH TERRACE \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIP CITY-ST-ZIP <u>MARGATE, FI, 33063</u> Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHTY - S1 - ZIP" ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME **JMAM** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE THE NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP MULE ☐ Change Addition Delete TITLE

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statuted Hurther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal clicct as if made under oall; 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

E CICALING OFFINER OF DIRECTOR

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## RNT ENTERPRISES, INC. 1806 NW 66th Terrace Margate, FL 33063

October 9, 2000

Division of Corporations Annual Report Section P.O. Box 6327 Tallahassee, FL 32314

REF: RNT ENTERPRISES, INC. EIN#59-3651885

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

Robert Thibault

RT/re