

04-28-2003 91490 012 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000067925

1. Entity Name
RENAR FURNITURE INDUSTRIES CORP.



55044539

Principal Place of Business
 14211 NE 18TH AVENUE
 NORTH MIAMI, FL 33181

Mailing Address
 2121 PONCE DE LEON BLVD
 240
 CORAL GABLES, FL 33134



2. Principal Place of Business:

3. Mailing Address
14211 NE 18 Avenue

CHECK HERE IF MAKING CHANGES

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State
Miami, Florida
 Zip
33181 Country
USA

4. FFI Number
65-0949855

Accepted For
 Filing Application

5. Certificate of Status Desired

\$8.75 Additional
 Fee Incurred

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRATS, GABRIEL
 2121 PONCE DE LEON BLVD.
 SUITE 240
 CORAL GABLES, FL 33134

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. I am fully familiar with and accept the obligations of registered agent.

SIGNATURE

Signature of individual or representative of the corporation

Signature of Agent or representative of the corporation

Date

9. Elector Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	FREY, MARCELO	
STREET ADDRESS	14211 NE 18TH AVENUE	
CITY, ST, ZIP	NORTH MIAMI, FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), Florida Statutes. I further certify that the information indicated on this record or supplemental reports 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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this report as required by the same chapter.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 27, 2003 (305)9472771

Date

Office Phone

11/23/03 (10/02)