

DOCUMENT # P99000079093

**RENT PRO INC**

2345 NE 186TH ST.  
MIAMI FL 33180

2345 NE 186TH ST.  
MIAMI FL 33180-2728

18100 W. DIXIE Hwy.  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
# 202

City & State  
AVENTURA FL

City &amp; State

Zip 33160

Zip

Country

4. FEI Number

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**7. Name and Address of New Registered Agent**

OHANA, GAD  
2345 NE 186TH ST.  
MIAMI FL 33180

Name GAD CHANA  
Street Address (P.O. Box Number is Not Acceptable)

18100 W. DIXIE HWY - #203.  
City AVENTURA FL Zip Code 33160

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

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	D	<input type="checkbox"/> Delete
NAME	OHANA, GAD	
STREET ADDRESS	2345 NE 186TH ST.	
CITY-ST-ZIP	MIAMI FL 33180	

TITLE	SP	<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	1	
STREET ADDRESS	2	
CITY-ST-ZIP	3	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Lic. Real Estate Broker, R.	Change	<input checked="" type="checkbox"/>	Addition
NAME	Sherry L. Muss			
STREET ADDRESS	18100 W. Dixie Hwy #203			
CITY-ST-ZIP	Aventura, FL 33166	Change	<input checked="" type="checkbox"/>	Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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		

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 #