

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086253

1. Entity Name

R.N.R. MAINTENANCE INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90041 013 ***150.00

Principal Place of Business

Mailing Address

555 N. RIVERSIDE DRIVE
APT. #28
POMPANO BEACH FL 33062

555 N. RIVERSIDE DRIVE
APT. #28
POMPANO BEACH FL 33062-4716

2. Principal Place of Business

3. Mailing Address

PO Box 11202

PO Box 11202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ft. Lauderdale Florida

Ft. Lauderdale Florida

City & State

City & State

Zip
33339

Country
BROWARD

Zip
33339

Country
BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0969747

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

LAMOTHE, FERNAND
721 S.E. 17TH STREET
FORT LAUDERDALE FL 33316

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROMANCIK, ROXANNE
555 N. RIVERSIDE DRIVE APT. #28
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Romanick, Roxanne
P.O. Box 11202
Ft. Lauderdale Florida 33339 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Roxanne Romanick Roxanne Romanick 01/28/00 954-523-9290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)