

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091945

1. Entity Name

RENA FOUR, INC



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE COPY

REINSTATEMENT 03

10/07/03 01066 017 \$1150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2200 N. Ponce De Leon Blvd.

3. Mailing Address

2200 N. Ponce De Leon Blvd.

Suite, Apt. #, etc.

#10

Suite, Apt. #, etc.

#10

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

59-3602351

Applied For

Not Applicable

Zip

32084

Country

USA

Zip

32084

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

O'Connell, Henry

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

2200 N. Ponce De Leon Blvd. #10

City

St. Augustine

FL

Zip Code

32084

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Printed, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Ashdji, Farid
STREET ADDRESS	2200 N. Ponce De Leon Blvd. #10
CITY-STATE-ZIP	St. Augustine, FL 32084

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
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CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

See Attached For 583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091945	
1. Entity Name RENA FOUR, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9 Heron Court	3. Mailing Address 9 Heron Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Augustine, FL	City & State St. Augustine, FL
Zip 32080	Zip 32080
Country USA	Country USA

11034578
REINSTATEMENT 03
10/07/03 01066 017 \$150.00
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3602351	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name O'Connell, Henry	
	Street Address (P.O. Box Number is Not Acceptable) 2200 N. Ponce De Leon Blvd. #10	
	City St. Augustine	FL Zip Code 32084

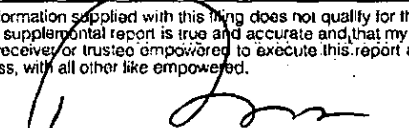
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ashdji, Farid 9 Heron Court St. Augustine, FL 32080	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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For Signature Only

DO NOT WRITE IN THIS SPACE

12. 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 10 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 APR 0-30-02 Daytime Phone #

CR2E034B (12/02)

W. HENRY O'CONNELL

Certified Public Accountant

2200 N. Ponce De Leon Blvd. Suite 10

St. Augustine, FL 32084

Phone (904) 829-0082 Fax 904 829-5030 e-mail: taxwho1@bellsouth.net

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILE COPY

Dear Sir or Madam:

Enclosed is a copy of the original UBR for Rena Four, Inc. This UBR was filed for my client Farid Ashdji in a timely manner along with a check for the amount \$150.00. My client moved in May 2003 and did not receive any reminder notice. We have enclosed a copy of a replacement check to cover the filing costs. In no way did he try to avoid paying this fee. He has at least four more companies he paid timely, this one was lost in the mail. Please reinstate this corporation as soon as possible with the original filing fee. If you have any further questions, please contact me at (904) 829-0082.

Sincerely,


W.H. O'Connell, CPA