

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000104271**1. Entity Name
REFURBISHED & LIQUIDATION, INC.Principal Place of Business
**6804 N.W. 84TH AVENUE
MIAMI FL 33186**Mailing Address
**6804 N.W. 84TH AVENUE
MIAMI FL 33186****FILED**
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90114 010 ***150.00

0050817
AV

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0965580

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

**RODRIGUEZ, LEUDES R
13700 S.W. 147 CR. LN. #3
MIAMI FL 33186**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PS** ☐ Delete
NAME **RODRIGUEZ, LEUDES R**
STREET ADDRESS **13700 S.W. 147 CR. LN. #3**
CITY-ST-ZIP **MIAMI FL 33183**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **KOVAL, DANYLO**
STREET ADDRESS **3135 WETHERFORD AVENUE**
CITY-ST-ZIP **LA PORTE TX 77571**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ 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 LEUDES R**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RODRIGUEZ 8/20/01 591-9752

CR2E034 (5/01)

Attachment
DH# P99000104271

REFURBISHED LIQUIDATION, INC. B0063141
6804 N.W. 84th AVE.
MIAMI, FL. 33166

8/20/01

TO: Department of state

I AM WRITING THIS BECAUSE I RECEIVED THE UNIFORM BUSINESS REPORT TO RENEW MY CORPORATION BUT IT SAYS THAT I HAVE TO PAY \$550.00. I CAN'T PAY THAT MONEY SO I CALL THE DEPARTMENT AND THE PERSON TOLD ME THAT I SHOULD HAVE RECEIVED ANOTHER REPORT BEFORE BUT I DID NOT. ALSO, THE PERSON ADVISED ME TO WRITE A LETTER EXPLAINING THAT I DID NOT RECEIVE THE FIRST RENEWAL AND THAT I DO NOT HAVE THE MONEY. HE SAID TO SEND THE REPORT WITH THE LETTER AND A CHECK FOR \$150.00

Thank you in advance for your understanding.

Renee R. Rodriguez
