

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V02273

1. Entity Name

RENE VERGARA ATELIER, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90103 015 ***158.75

Principal Place of Business

Mailing Address

25 NE 39TH ST
MIAMI FL 33137
US

25 NE 39TH ST.
MIAMI FL 33137-3629
US

2. Principal Place of Business

3. Mailing Address

4029 NORTH MIAMI AVE
Suite, Apt. #, etc.

4029 NORTH MIAMI AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 65-0204273

Applied For
Not Applicable

Zip
33127

Country
USA

Zip
33127

Country
USA

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

VERGARA, RENE J.
25 NE 39 STREET
MIAMI FL 33137

Name VERGARA, RENE

Street Address (P.O. Box Number is Not Acceptable)
4029 NORTH MIAMI AVE

City MIAMI FL Zip Code 33127

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]

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 DP
NAME VERGARA, RENE J.
STREET ADDRESS 25 NE 39 STREET
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE DP
NAME VERGARA, RENE J.
STREET ADDRESS 4029 NORTH MIAMI AVE
CITY-ST-ZIP MIAMI, FL 33127 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00 (305) 573-7363
Date Daytime Phone #

CR2E034 (9/99)