

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90173 021 \*\*\*150.00

**DOCUMENT # V64234**

1. Entity Name  
**RENDATA INCORPORATED**



Principal Place of Business  
**3800 WASHINGTON, #403**  
**WEST PALM BEACH FL 33405**

Mailing Address  
**P.O. BOX 182**  
**PALM BEACH FL 33480**

**22003078**



2. Principal Place of Business  
**1911 Embassy Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 182**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**West Palm Beach**  
Zip  
**33401 FL**

City & State  
**Palm Beach, FL**  
Zip  
**33480 USA**

4. FEI Number **65-0361745** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DIENHART, EWALD J**  
**1911 EMBASSY DRIVE**  
**W. PALM BEACH FL 33401**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PS	<input type="checkbox"/> Delete
NAME	DIENHART, EWALD J	
STREET ADDRESS	240 N. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BRUMMERMANN, HANS	
STREET ADDRESS	ULMENSTR. 18	
CITY-ST-ZIP	FRANKFURT, GERMANY	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete
NAME	ENGEL, MORRIS	
STREET ADDRESS	11845 W. OLYMPIC BLVD. #900	
CITY-ST-ZIP	LOS ANGELES CA 90064	
TITLE		<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		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/03 682-1707**  
Date Daytime Phone #

CR2E034 (10/02)