

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 11, 2000 08:00 AM****Secretary of State****DOCUMENT # L75264****1. Entity Name**

RENAISSANCE INSTITUTE OF PALM BEACH, INC.

Principal Place of Business7000 N FEDERAL HWY
2ND FLOOR
BOCA RATON
33487

FL

US

Mailing Address7000 N FEDERAL HWY
2ND FLOOR
BOCA RATON
33487

US

FL

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**65-0194094**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**GOODMAN, SIDNEY HARRY
1351 SYCAMORE TERR.BOCA RATON
33486

FL

US

7. Name and Address of New Registered Agent

Name

GOODMAN SIDNEY HCEO

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

1200 CYPRESS WAY

City
BOCA RATON

FL

Zip Code
33486**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 **SIDNEY H. GOODMAN****07/11/2000**

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**TITLE P ☐ Delete
NAME GOODMAN SIDNEY HARRY
STREET ADDRESS 1200 CYPRESS WAY
CITY-ST-ZIP BOCA RATON FL 33486TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE P ☒ Change ☐ Addition
NAME GOODMAN SIDNEY HCEO
STREET ADDRESS 1200 CYPRESS WAY
CITY-ST-ZIP BOCA RATON FL 33486TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: Sidney H. Goodman

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07/11/2000