

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90071 024 \*\*\*\*61.25

**DOCUMENT # 726114**

1. Entity Name

**THE RENAISSANCE OF POMPANO BEACH III, INC.**

Principal Place of Business

Mailing Address

1361 S. OCEAN BLVD.  
 POMANO BEACH FL 33062-7159

1361 S. OCEAN BLVD.  
 POMANO BEACH FL 33062-7159

**UU034177**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2138639**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GERSTLE, ROSEN, MOSKOWITZ & ASSOC.**  
**19495 BISCAYNE BLVD.**  
**STE. #705**  
**AVENTURAS FL 33180**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>SWAINE, ART<br>1361 S OCEAN BLVD #907<br>POMPANO BEACH FL               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>LEVINSON, RICK<br>1361 S OCEAN BLVD #603<br>POMPANO BCH. FL 33062        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WILLIAMS, NIKOLETTE A<br>1361 S OCEAN BLVD #905<br>POMPANO BCH. FL 33062 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>KOHN, PHIL<br>1361 S OCEAN BLVD #508<br>POMPANO BCH FL 33062            | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CULLEN, GARY<br>1361 S OCEAN BLVD #610<br>POMPANO BCH FL                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>TRACHT, BARRY<br>1361 S OCEAN BLVD #1008<br>POMPANO BCH FL              | <input checked="" type="checkbox"/> Delete |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>WILLIAM KEATING<br>1361 S OCEAN BLVD #909<br>POMPANO BEACH FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>LEVINSON, RICK<br>1361 S OCEAN BLVD #604<br>POMPANO BEACH FL  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BARRY SISLER<br>1361 S OCEAN BLVD #309<br>POMPANO BEACH FL     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEAN KERNER<br>1361 S OCEAN BLVD #504<br>POMPANO BEACH FL      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>CULLEN, GARY<br>1361 S OCEAN BLVD #610<br>POMPANO FL          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ANDREW FUSCO<br>1361 S OCEAN BLVD #901<br>POMPANO BEACH FL     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 617, 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:** *Gary Cullen* *Treas* *4/4/01* *954-941-5820*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)