

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90140 050 ****61.25

DOCUMENT # 726114

1. Entity Name

THE RENAISSANCE OF POMPANO BEACH III, INC.



Principal Place of Business

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

Mailing Address

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

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 **59-2138639**

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GARAFALO, BARBARA	
STREET ADDRESS	1361 S OCEAN BLVD #410	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	LEVINSON, RICK	
STREET ADDRESS	1361 S OCEAN BLVD #603	
CITY-ST-ZIP	POMPANO BCH. FL 33062	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KEATING, WILLIAM	
STREET ADDRESS	1361 S OCEAN BLVD. # 909	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SISLER, BARRY	
STREET ADDRESS	1361 S OCEAN BLVD.# 604	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CULLEN, GARY	
STREET ADDRESS	1361 S OCEAN BLVD #610	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROSSINI, RICHARD	
STREET ADDRESS	1361 S OCEAN BLVD #203	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YAFFE, SAMUEL	
STREET ADDRESS	1361 S OCEAN BLVD #1007	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPPIONE, KRISTINE	
STREET ADDRESS	1361 S OCEAN BLVD #501	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUSCO, ANDREW	
STREET ADDRESS	1361 S OCEAN BLVD #701	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<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		
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 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: *William J. Keating* WILLIAM J. KEATING

4/2/03 95A-943-8566

CR2E037 (10/02)