

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726115

1. Entity Name

THE RENAISSANCE OF POMPANO BEACH II, INC.

Principal Place of Business

1370 S. OCEAN BLVD.  
POMPANO BEACH FL 33062

Mailing Address

1370 S. OCEAN BLVD.  
POMPANO BEACH FL 33062-7149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1762470

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

BECKER AND POLIAKOFF, P.A.  
EMERALD LAKE CORPORATE PARK  
3111 STIRLING ROAD  
FORT LAUDERDALE FL 33312

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          | P                          | <input checked="" type="checkbox"/> Delete |
| NAME           | PACE, CHARLES              |                                            |
| STREET ADDRESS | 1370 SOUTH OCEAN BOULEVARD |                                            |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062     |                                            |
| TITLE          | VP                         | <input checked="" type="checkbox"/> Delete |
| NAME           | DIGGS, CLARENCE            |                                            |
| STREET ADDRESS | 1370 SOUTH OCEAN BOULEVARD |                                            |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062     |                                            |
| TITLE          | S                          | <input checked="" type="checkbox"/> Delete |
| NAME           | KILBERG, SUSAN             |                                            |
| STREET ADDRESS | 1370 SOUTH OCEAN BOULEVARD |                                            |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062     |                                            |
| TITLE          | T                          | <input type="checkbox"/> Delete            |
| NAME           | SKONIECZNY, RICHARD        |                                            |
| STREET ADDRESS | 1370 SOUTH OCEAN BOULEVARD |                                            |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062     |                                            |
| TITLE          | D                          | <input checked="" type="checkbox"/> Delete |
| NAME           | EDMON, PAULETTE            |                                            |
| STREET ADDRESS | 1370 SOUTH OCEAN BOULEVARD |                                            |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062     |                                            |
| TITLE          | D                          | <input type="checkbox"/> Delete            |
| NAME           | APRAHAMIAN, EDWARD         |                                            |
| STREET ADDRESS | 1370 SOUTH OCEAN BOULEVARD |                                            |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062     |                                            |

|                |                            |                                                                              |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE          | P                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CHARLES R. KILINDER        |                                                                              |
| STREET ADDRESS | 1370 SOUTH OCEAN BOULEVARD |                                                                              |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062     |                                                                              |
| TITLE          | VP                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JOHN SHERWIN               |                                                                              |
| STREET ADDRESS | 1370 SOUTH OCEAN BOULEVARD |                                                                              |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062     |                                                                              |
| TITLE          | S                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BARBARA Polizzi            |                                                                              |
| STREET ADDRESS | 1370 SOUTH OCEAN BOULEVARD |                                                                              |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062     |                                                                              |
| TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RICHARD PLOTKA             |                                                                              |
| STREET ADDRESS | 1370 SOUTH OCEAN BOULEVARD |                                                                              |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062     |                                                                              |
| TITLE          | D                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | RONALD LITTLE              |                                                                              |
| STREET ADDRESS | 1370 SOUTH OCEAN BOULEVARD |                                                                              |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062     |                                                                              |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)