

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90280 013 ***150.00

DOCUMENT # J44946

1. Entity Name
RENAISSANCE FASHIONS, INC.

Principal Place of Business 49 EDISON MALL 4125 CLEVELAND AVE FORT MYERS FL 33901 US	Mailing Address 49 EDISON MALL 4125 CLEVELAND AVE FORT MYERS FL 33901 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4125 CLEVELAND AVENUE	3. Mailing Address 4125 CLEVELAND AVENUE
Suite, Apt. #, etc. K-18 EDISON MALL	Suite, Apt. #, etc. K-18 EDISON MALL

City & State FORT MYERS, FLORIDA	City & State FORT MYERS, FLORIDA	4. FEI Number 59-2756469	Applied For <input type="checkbox"/> Not Applicable
Zip 33901	Country U. S. A.	Zip 33901	Country U. S. A.

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

6. Name and Address of Current Registered Agent
**JAIN, KUNWAR S.S.
 202 EDISON MALL - 4125 CLEVELAND AVENUE
 FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name JAIN, KUNWAR S.S.
Street Address (P.O. Box Number is Not Acceptable) K-18 EDISON MALL 4125 CLEVELAND AVENUE
City FORT MYERS FL Zip Code 33901

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: *Kunwar S. S. Jain* DATE: 4/17/01
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP JAIN, KUNWAR S.S. 5836 RIVERSIDE LANE FORT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JAIN, USHA 5836 RIVERSIDE LANE FORT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Kunwar S. S. Jain* DATE: 4/17/01 DAYTIME PHONE #: 941/278-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)