## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # L20393**

1. Entity Name

## RENAISSANCE FINANCIAL CORPORATION

## FILED Feb 11, 2000 8:00 am Secretary of State

Pilnolpia Pace of Sustanes  Mailing Address 400 NORTH ANDREWS AVE. STE 200  FT LAUDEROULE PL 30001-285  FT LAUDEROULE PL 30001-285  Suite. Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  Cit							02-11-2000 90003 004	***150.00	
Subsection   Final DePROALE FL 3000   Subsection   Subs	Principal Place	Mailing Address			<del></del>				
Suite, Apt. F, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Conflicted of Status Desired  Street Address of Status Desired  Street Address of Status Desired  Name  HAYES, PATRICIA S  400 N ANDREWS AVE STE 200  FORT LAUDERDALE FL 33301  City  FL Zip Code  S. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, Types or press rerver inguered agent active in registered agent, or both, in the State of Florida.  SIGNATURE  Signature, Types or press rerver inguered agent active in registered agent, or both, in the State of Florida.  SIGNATURE  Signature, Types or press rerver inguered agent active in secretary.  Signature, Types or press rerver inguered agent active in registered agent, or both, in the State of Florida.  SIGNATURE  Signature, Types or press rerver inguered agent active in secretary.  Signature, Types or press rerver inguered agent active in registered agent, or both, in the State of Florida.  SIGNATURE  Signature, Types or press rerver inguered agent active in secretary.  Marker Check Payable to Department of State  Marker Check Payable to Department of State  Signature, Types or press rerver inguered agent active in receiving.  DAY.  This corporation is eligible to satisfy its Intangible  Tax filling requirement and elected to do so.  (See criteria or locatic)  Marker Check Payable to Department of State  Marker Check Payable to Department of State  Signature, Types or press rerver inguered agent active interesting.  DAY.  The Change Agent Age									
Suite, Apt. F, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Conflicted of Status Desired  Street Address of Status Desired  Street Address of Status Desired  Name  HAYES, PATRICIA S  400 N ANDREWS AVE STE 200  FORT LAUDERDALE FL 33301  City  FL Zip Code  S. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, Types or press rerver inguered agent active in registered agent, or both, in the State of Florida.  SIGNATURE  Signature, Types or press rerver inguered agent active in registered agent, or both, in the State of Florida.  SIGNATURE  Signature, Types or press rerver inguered agent active in secretary.  Signature, Types or press rerver inguered agent active in registered agent, or both, in the State of Florida.  SIGNATURE  Signature, Types or press rerver inguered agent active in secretary.  Signature, Types or press rerver inguered agent active in registered agent, or both, in the State of Florida.  SIGNATURE  Signature, Types or press rerver inguered agent active in secretary.  Marker Check Payable to Department of State  Marker Check Payable to Department of State  Signature, Types or press rerver inguered agent active in receiving.  DAY.  This corporation is eligible to satisfy its Intangible  Tax filling requirement and elected to do so.  (See criteria or locatic)  Marker Check Payable to Department of State  Marker Check Payable to Department of State  Signature, Types or press rerver inguered agent active interesting.  DAY.  The Change Agent Age						}		en elên siên Siên ê.	2011 O(B)1 (BB)
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Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional   Fee People of Status Desired   \$8.75 Additional   \$8.75 A	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE		
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  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  Spallure, types or power rame of repervee agent and 10 ell application.  POTE: Segment Agent algorithm required when recreating.  POTE: Segment agent a	City & State	e	City & State			<b>4.</b> F	El Number 65-0204612	J——	<u></u>
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### A00 N ANDREWS AVE STE 200 FORT LAUDERDALE FL 33301    City   FL   Zip Code	*****	FO. D.L. TOUGH O		1	Name				
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, hyperi or primed name of registered agent and time it applicable.  P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OFFICERS AND DIRECTORS  17. LAUDERDALE FL  DP  PATRICIA S. HAYES  400 N ANDREWS AV STE 200  FT. LAUDERDALE FL  TITLE  Oelde  TOWN  OELDE	400 l	N ANDREWS AVE STE 200	Street Address		ess (P.O. Bo	ox Number is Not Acceptable)			
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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	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 direct 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 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

1/28/00

954-463-172

Daytime Phone # .