

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007425

1. Entity Name

RENAISSANCE DISTRIBUTORS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02

Principal Place of Business

1990 N.W. 55TH STREET
MIAMI FL 33142

Mailing Address

1990 N.W. 55TH STREET
MIAMI FL 33142



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 65-0979375

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABDULLAH, DAWUD E
1990 N.W. 55TH STREET
MIAMI FL 33142

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: \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MELVIN F. Sabree
2565 N.W. 92nd St
Miami FL 33142 MGRM

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003410516-7
-10/02/00-01010-001
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAWUD E. ABDULLAH
1990 N.W. 55TH STREET
MIAMI FL 33142
PRESIDENT MGRM

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003410516-7
-10/02/00-01010-001
*****55.00 *****55.00

☐ Change ☐ Addition

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CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MELVIN F. Sabree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

305-6967423

Date 9/16/2000 Daytime Phone #

CR2E083 (5/00)