

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90070 007 ****50.00

DOCUMENT # **L99000007425**

1. Entity Name

Renaissance Distributors, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1990 N.W. 55th St.

Suite, Apt. #, etc.

3. Mailing Address

1990 N.W. 55th St.

Suite, Apt. #, etc.

City & State

Miami FLorida

City & State

Miami, FL.

4. FEI Number

650929375

Applied For

Not Applicable

Zip

33142

Country

Zip

33142

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **DAWUD E. ABDULLAH**

Street Address (P.O. Box Number is Not Acceptable)

1990 N.W. 55th Street

City

Miami

FL

Zip Code

33142

**DO NOT WRITE
IN THIS SPACE**

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **Melvin F. Sabree**
STREET ADDRESS **2505 N.W. 92nd Street**
CITY-ST-ZIP **Miami, FL 33147**

TITLE **MGRM**
NAME **DAWUD E. ABDULLAH**
STREET ADDRESS **1990 N.W. 55th Street**
CITY-ST-ZIP **Miami, FL 33142**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Melvin Sabree **Melvin Sabree** **April 15, 2004**

305-6344234
-6248820

CR2E083B (12/02)