

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004388

1. Entity Name

THE RENAISSANCE ECONOMIC DEVELOPMENT COUNCIL OF

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90499 037 ****61.25

Principal Place of Business

17070
17070 COLLINS AVENUE
SUITE 200 266 B
SUNNY ISLES BEACH FL 33160

Mailing Address

17070
17070 COLLINS AVENUE
SUITE 200 266 B
SUNNY ISLES BEACH FL 33160

151400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17070 Collins Avenue

Suite, Apt. #, etc.

Suite 266 B

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

3. Mailing Address

17070 Collins Avenue

Suite, Apt. #, etc.

Suite 266 B

City & State

Sunny Isles Beach FL

Zip

33160

Country

USA

4. FEI Number

65-0861339

Applied For

Not Applicable

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

Name

Lone, William F.

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

17070 Collins Avenue Suite 266 B

Sunny Isles Beach Florida

City

FL

Zip Code

33160

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 D ☐ Delete
NAME LONE, BILL
STREET ADDRESS 4300 N. UNIVERSITY DR. #207
CITY-ST-ZIP FORT LAUDERDALE FL 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LESNICK, STEVE
STREET ADDRESS 17100 COLLINS AVENUE, SUITE 208
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GERSTLE, MARK R
STREET ADDRESS 1945 BISCAYNE BLVD., SUITE 702
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LONE, BILL
STREET ADDRESS 4300 N. UNIVERSITY DR #207
CITY-ST-ZIP FORT LAUDERDALE FL 33351

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 (10/00)