

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030565

1. Entity Name

AMERICAN RENAISSANCE, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90029 002 ***158.75

Principal Place of Business Mailing Address
6390 INDIANTOWN RD. 6390 INDIANTOWN RD.
% JUPITER LAW CTR.CHASEWOOD PLAZA,STE.30 % JUPITER LAW CTR.CHASEWOOD PLAZA,STE.30
JUPITER FL 33458 JUPITER FL 33458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ✓ 65-1015878	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUMSON, RICHARD P ESQ. 6390 INDIANTOWN RD. % JUPITER LAW CTR,CHASEWOOD PLAZA,STE.30 JUPITER FL 33458	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D GURGIS, PAUL B. 9180 SW HIGHLAND PINES BLVD PALM BEACH GARDENS FL 33418		GURGIS, PAUL B. 423 PITTSBURGH DRIVE JUPITER, FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: Paul B. Gurgis
PAUL B. GURGIS
1/18/01 (561) 735 - 5349 Phone #

CR2E034 (10/00)