

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033634

1. Entity Name

RENAISSANCE INTERNATIONAL IMPORTERS, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90186 049 ***150.00

0271325 AV

Principal Place of Business

2000 N.W. 93RD AVENUE
MIAMI FL 33172

Mailing Address

2000 N.W. 93RD AVENUE
MIAMI FL 33172

DUU10554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0997483

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUTTON, JOHN O P.A.
2655 LEJEUNE ROAD
PENTHOUSE II
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS BAEZ, FRANKLIN
CITY-ST-ZIP 2000 N.W. 93RD AVENUE
MIAMI FL 33172

TITLE ☐ Delete
NAME D
STREET ADDRESS BRUGAL, FRANK
CITY-ST-ZIP 2000 N.W. 93RD AVENUE
MIAMI FL 33172

TITLE ☐ Delete
NAME D
STREET ADDRESS CLEMENTE, WILL
CITY-ST-ZIP 2000 N.W. 93RD AVENUE
MIAMI FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM L. CLEMENTE

01/16/02

305.714-0007

Date

Daytime Phone #

CR2E034 (9/01)