## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State P00000107701 **DOCUMENT #** 1. Entity Name 05-23-2002 90127 001 \*\*\*150.00 RENAISSANCE INTEGRATED CORPORATION Mailing Address Principal Place of Business PO ROX 4038 PO BOX 4038 SOUTH FLORIDA FL 33082-4038 SOUTH FLORIDA FL 33082-4038 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-1067162 Not Applicable City & State \$8.75 Additional Country Zip 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CONLIFFE, BRETT C 123180 N.W. 19TH STREET PEMBROKE PINES FL 33028 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME CONLIFFE, BRETT C NAME STREET ADDRESS P.O. BOX 4038 STREET ADDRESS CITY-ST-ZIP SOUTH FLORIDA FL 33082-4038 CITY-ST-ZIP ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ·CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 chapted or on an attempt with an address with all other like empowered. vith all other like empowered changed, or on an attachment with

Daytime Phone #