

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 17, 2001 8:00 am
Secretary of State

05-17-2001 90099 001 ****17.50
05-17-2001 90099 002 ***150.00

DOCUMENT # P00000108348

1. Entity Name

RENAISSANCEWINES.COM, INC.

Principal Place of Business

**88101 OVERSEAS HIGHWAY
ISLAMORADA FL 33036**

Mailing Address

**88101 OVERSEAS HIGHWAY
ISLAMORADA FL 33036**

2. Principal Place of Business

5370 N.W. 35th TERRACE

3. Mailing Address

5370 N.W. 35th TERRACE

Suite, Apt. #, etc.

BL06. B, suite 111

Suite, Apt. #, etc.

BL06. B, suite 111

City & State

Fort Lauderdale, FL.

City & State

Fort Lauderdale, FL.

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-1056094 BATE

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

**PRESLEY, MICHAEL R ESQ
5211 PRINCETON WAY
BOCA RATON FL 33496**

Name

PRESLEY, Michael R., ESQ.

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

5370 N.W. 35th TERRACE

BL06. B, Suite 111

City

Fort Lauderdale

FL

Zip Code

33309

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

Michael R. Presley **Michael R. PRESLEY, ESQ.**

4/27/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PRESLEY, CYNTHIA J**
STREET ADDRESS **5211 PRINCETON WAY**
CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE **D** ☐ Delete
NAME **GARANT, ROBERT**
STREET ADDRESS **88101 OVERSEAS HIGHWAY**
CITY-ST-ZIP **ISLAMORADA FL 33036**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Cynthia J. Presley **CYNTHIA PRESLEY** **4/27/01** **954.730.9500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cynthia J. Presley

CR2E034 (10/00)