

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000011500

FILED
May 01, 2003
Secretary of State

Entity Name: RENAISSANCE CARIBE, INC.

Current Principal Place of Business:

31 SWABY DRIVE
POMPANO BAY TOWER ISLE, ST MARY
JAMAICA W.I.,

New Principal Place of Business:

20636 NE 9TH, PLACE
MIAMI, FL 33179 US

Current Mailing Address:

31 SWABY DRIVE
POMPANO BAY TOWER ISLE, ST MARY
JAMAICA W.I.,

New Mailing Address:

20636 NE 9TH, PLACE
MIAMI, FL 33179 US

FEI Number: 54-2808151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, DAHLIA A ESQ.
3475 SHERIDAN STREET
SUITE 307
HOLLYWOOD, FL 33021

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARCHALLECK, DEANNA E
Address: 31 SWABY DR. POMPANO BAY TOWER ISLE, ST MA
City-St-Zip: JAMAICA W.I.,

Title: VD () Delete
Name: MARCHALLECK, DAVID J
Address: 31 SWABY DR. POMPANO BAY TOWER ISLE, ST MA
City-St-Zip: JAMAICA W.I.,

Title: VD () Delete
Name: SD ERTS-BENNETT, LESLEY H
Address: 36 RIVER OACKS OCHO RIOS.ST. ANN
City-St-Zip: JAMAICA W.I.,

Title: TD () Delete
Name: BENNETT, GRANVILLE H
Address: 36 RIVER OACKS OCHO RIOS.ST. ANN
City-St-Zip: JAMAICA W.I.,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARCHALLECK, DAVID J
Address: 15051 SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33145 US

Title: VD (X) Change () Addition
Name: MARCHALLECK, DEANNA E
Address: 15051 SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33145 US

Title: VD (X) Change () Addition
Name: ROBERTS-BENNETT, LESLEY H
Address: 20636 NE 9TH, PLACE
City-St-Zip: MIAMI, FL 33179 US

Title: TD (X) Change () Addition
Name: BENNETT, GRANVILLE H
Address: 20636 NE 9TH, PLACE
City-St-Zip: MIAMI, FL 33179 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J MARCHALLECK

PD

05/01/2003

Electronic Signature of Signing Officer or Director

_____ Date