

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046941

1. Entity Name

RENAISSANCE MUSIC AND SOFTWARE INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90084 012 ***150.00

Principal Place of Business

3716 SW 64TH AVE
 DAVIE FL 33314

Mailing Address

3716 SW 64TH AVE
 DAVIE FL 33312-6900

2. Principal Place of Business

3201 Griffin Road
 Suite 100
 Ft Lauderdale FL

3. Mailing Address

3201 Griffin Rd
 Suite 100
 Ft Lauderdale FL

City & State

City & State

4. FEI Number 65-0423764

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

7. Name and Address of New Registered Agent

LAMBERT, MICHAEL
 3716 SW 64 AVE
 DAVIE FL 33314

Name

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

3201 Griffin Rd
 Suite 100

City

Ft. Lauderdale

FL

Zip Code

33312

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP | P LAMBERT, MICHAEL 3716 SW 64 AVE DAVIE FL 33314 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Lambert, Michael 3201 Griffin Rd Ste 100 Ft Lauderdale FL 33312 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #