

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90398 015 ***550.00

DOCUMENT # P93000051325

1. Entity Name

Renaissance Development Corp.

(P)

DO NOT WRITE IN THIS SPACE

B0125036

2. Principal Place of Business

956 Washington Avenue

Suite, Apt. #, etc.

3. Mailing Address

956 Washington Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

Zip
33139

Country

USA

City & State

Miami Beach, FL

Zip
33139

Country

USA

4. FEI Number

65-0424877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Karim Masri

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

956 Washington Avenue

City

Miami Beach,

FL

Zip Code

33139

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President
NAME	Karim Masri
STREET ADDRESS	956 Washington Avenue
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	Director
NAME	Khaled S. Masri
STREET ADDRESS	956 Washington Avenue
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/15/02

305531-8081

Date

Daytime Phone #

CR2E034B (12/01)