2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P96000032194** Apr 21, 2000 8:00 am Secretary of State RENAISSANCE ON THE OCEAN, INC. 04-21-2000 90142 013 ***158.75 Mailing Address Principal Place of Business % HOLLYWOOD OAKS DEVELOPERS % HOLLYWOOD OAKS DEVELOPERS 5675 S.W. 35TH AVENUE 5675 S.W. 35TH AVENUE FT. LAUDERDALE FL 33312-6373 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address 3201 W. Griffin 3201 W. Griffin Rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 106 106 Applied For City & State City & State 4. FEI Number 65-0671716 Dania Beach, Fl Not Applicable <u>Dania</u> Country Country U.S. Zip \$8.75 Additional 5. Certificate of Status Desired 33312 Fee Required US 33312 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gordan Kelbaum DECKELBAUM, GORDON Street Address (P.O. Box Number is Not Acceptable) 5675 S.W. 35TH AVENUE FT. LAUDERDALE FL 33312 # 106 City Dania Beach 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 (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE TITLE Deckelbaum Gordon 3201 W. Griffin Ra DECKELBAUM, GORDON NAME NAME Oloi # 320V STREET ADDRESS 5675 S.W. 35TH AVENUE STREET ADDRESS Beach FL 33312 CITY-ST-7tP FT. LAUDERDALE FL 33312 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition* ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Daytime Phone #

Date

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR