FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P97000101036 1. Entity Name RENAISSANCE MARINE, INC. 01-29-2001 90138 006 ***150.00 Principal Place of Business Mailing Address 12902 NW 30TH AVE 12902 NW 30TH AVE OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0792283 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RATLIEFF, MAI T Street Address (P.O. Box Number is Not Acceptable) 12902 NW 30TH AVE OPA LOCKA FL 33054 Zip Code FL 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE. **PVST** ☐ Addition Delete TITLE Change NAME RATLIEFF, MAI T NAME STREET ADDRESS STREET ADDRESS 11527 SW 56 COURT CITY-ST-7IP CITY-ST-ZIP COOPER CITY FL 33330 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RATLIEFF, MAI T NAME STREET ADDRESS 11527 SW 56 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33330 Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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:
SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFIGER OR DIRECTOR.