

**AMENDED
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000101036

1. Entity Name

RENAISSANCE MARINE, INC.

Principal Place of Business

**2351 NW 147th Street
Opa Locka, FL 33054**

Mailing Address

**2351 NW 147th Street
Opa Locka, FL 33054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0792283

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**Mai Thi Ratlieff
2351 NW 147th Street
Opa Locka, FL 33054**

7. Name and Address of New Registered Agent

Name **William D. Ratlieff, Jr.**

Street Address (P.O. Box Number is Not Acceptable)
2351 NW 147th Street

City **Opa Locka**

FL

Zip Code
33054

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

William D Ratlieff Jr
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) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PVST** ☒ Delete
NAME **Mai Thi Ratlieff**
STREET ADDRESS **2351 NW 147th Street**
CITY-ST-ZIP **Opa Locka, FL 33054**

TITLE **D** ☒ Delete
NAME **Mai Thi Ratlieff**
STREET ADDRESS **2351 NW 147th Street**
CITY-ST-ZIP **Opa Locka, FL 33054**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Change ☒ Addition
NAME **William D. Ratlieff, Jr.**
STREET ADDRESS **2351 NW 147th Street**
CITY-ST-ZIP **Opa Locka, FL 33054**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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:

William D Ratlieff Jr

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

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