2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P98000048723 RENAISSANCE LENDING GROUP, INC. 01-30-2001 90121 033 ***150.00 Principal Place of Business Mailing Address 2979 N. POWERLINE RD. 2979 N. POWERLINE RD. POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address 2951 POWERLINE RD POWERLINE 2951 N Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0841577 BEACH DOMPAND fom PANO BEACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ÚS A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZOHAR ZOHAR, URI Street Address (P.O. Box Number is Not Acceptable) 22251 E. SERENATA CIRCLE **BOCA RATON FL 33433** POMPANO 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 (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 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change ZÕHAR, URI NAME NAME 22251 E. SERENATA CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP EVP**™** Addition TITLE Delete TITLE Change NAME NAME ROLAT, YONA MOW VIA REGINA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3 34 3.3 ☐ Addition TITLE ☐ Defete TITI F ☐ Change NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE TITLE ☐ Addition ☐ Delete Change 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.