

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016241

1. Entity Name
RENAISSANCE APPAREL GROUP, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90086 025 ***150.00

Principal Place of Business

7150 N.W. 36TH AVENUE
MIAMI FL 33147-6526

Mailing Address

7150 N.W. 36TH AVENUE
MIAMI FL 33147-6526

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

65-0896114

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARCIA, PAUL
7150 N.W. 36TH AVENUE
MIAMI FL 33147-6526

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
ARCIA, PAUL
STREET ADDRESS
7150 N.W. 36TH AVENUE
CITY-ST-ZIP
MIAMI FL 33147-6526 ☐ Delete

TITLE
NAME
Arcia, Luz
STREET ADDRESS
7150 N.W. 36 Ave
CITY-ST-ZIP
Miami, Fla 33147 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
Arcia, Jose
STREET ADDRESS
7150 NW 36 Ave
CITY-ST-ZIP
Miami, Fla. 33147 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18/00

(305) 691-9400

CR2E034 (5/00)

attachment doc# P99000016241
B0102905

July 6, 2000

Florida Department of State
Division of Corporations

Re: 2000 Uniform Business Report

Document# P99000016241

To Whom It May Concern:

Enclosed please find payment of \$150.00. Please note that the original report was never delivered to our office.

Thank you,



Paul Arcia