2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT #** P99000029791 Apr 25, 2000 8:00 am 1. Entity Name Secretary of State RENAISSANCE OF SOUTH FLORIDA, INC. 04-25-2000 90054 001 ***150.00 Principal Place of Business Mailing Address 1031 S.W. 32nd Street Fort Lauderdale, FL 33315 2. Principal Place of Business 3. Mailing Address 1031-River Reach Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Fort Lauderdale, FL City & State 4. FEI Number Applied For 65-0906664 Not Applicable Zip 33315 Country \$8.75 Additional 5. Certificate of Status Desired USÁ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Scott Delano D. SCOTT DELANO Street Address (P.O. Box Number is Not Acceptable) 1031 S.W. 32nd Street Fort Lauderdale, FL 33315 1301 River Reach Fort Lauderdale, 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 (NOTE: Registered Agent signature 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 OFFICERS AND DIRECTORS Addition TITLE TITLE Delete D. Scott Delano D. Scott Delano NAME NAME 1301 S.W. 32nd Street STREET ADDRESS 1301 River Reach STREET ADDRESS CITY-ST-ZIP 33315 CITY-ST-ZIP Fort Lauderdale, FL 33315 Fort Lauderdale, FL ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition 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 ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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changed, or on an attachment with an address, with all other like empowered. Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date