

# 2001 UNIFORM BUSINESS REPORT (UBR)

0283407

DOCUMENT # 392973

FILED

1. Entity Name  
**K-RAIN MANUFACTURING CORPORATION**

01 APR 23 PM 2:56

Principal Place of Business  
**1640 AUSTRALIAN AVE.  
RIVIERA BCH FL 33404**

Mailing Address  
**1640 AUSTRALIAN AVE.  
RIVIERA BCH FL 33404**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1371307**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**KAH, CARL L.C., JR.  
1640 AUSTRALIAN AVE.  
RIVIERA BEACH FL 33404**

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.

(NOT Registered Agent's signature required when reinstating)

DATE **4/16/01**

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 **DVB** ☐ Delete  
NAME **GRERHRN, MARK K**  
STREET ADDRESS **778 LAKESIDE DR**  
CITY-ST-ZIP **N PALM BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME **HART, Gretchen L.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SDVP** ☐ Delete  
NAME **AVIS, DEBORAH K**  
STREET ADDRESS **778 LAKESIDE DR**  
CITY-ST-ZIP **N. PALM BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME **000004086580--0**  
STREET ADDRESS **-04/30/01 - 01007--003**  
CITY-ST-ZIP **\*\*\*\*676.25 \*\*\*\*150.00**

TITLE **PD** ☐ Delete  
NAME **KAH, C L C III**  
STREET ADDRESS **778 LAKESIDE DR**  
CITY-ST-ZIP **N PALM BCH., FL 00000**

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

TITLE **CD** ☐ Delete  
NAME **KAH, CARL L C JR**  
STREET ADDRESS **778 LAKESIDE DR**  
CITY-ST-ZIP **N PALM BCH., FL 00000**

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

TITLE **TD** ☐ Delete  
NAME **KAH, SHIRLEY J**  
STREET ADDRESS **778 LAKESIDE DR**  
CITY-ST-ZIP **N PALM BCH., FL 00000**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/16/01** Daytime Phone #

CR2E034 (10/00)