

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0091307 AV

DOCUMENT # P97000076511

1. Entity Name

RINI TECHNOLOGIES, INC.

03-29-2002 90835 014 ***150.00

Principal Place of Business

7319 SANDS COVE COURT
2
WINTER PARK FL 32792-6979

Mailing Address

7319 SANDS COVE COURT
2
WINTER PARK FL 32792-6979



2. Principal Place of Business

3267 Progress Drive

Suite, Apt. #, etc.

3. Mailing Address

3267 Progress Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3465749

Applied For

Not Applicable

Zip

32826

Country

Zip

32826

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

RINI, DAN

467 CAROLYN DRIVE
OWIEDO FL 32765

Name

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

16978 Lake Pickett Rd

City

Orlando

FL

Zip Code

32820

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

Dan Rini President

3/18/02

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 \$150.00
After May 1, 2002 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 **D** ☐ Delete
NAME **RINI, DAN**
STREET ADDRESS **467 CAROLYN DRIVE**
CITY-ST-ZIP **OWIEDO FL 32765**

TITLE ☒ Change ☐ Addition
NAME **16978 Lake Pickett Rd**
STREET ADDRESS **Orlando, FL 32820**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 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:

Dan Rini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-02 407-737-2553

CR2E034 (9/01)