

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90018 036 ***150.00

DOCUMENT # 392973

1. Entity Name

K-RAIN MANUFACTURING CORPORATION

015413



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

**1640 AUSTRALIAN AVE.
 RIVIERA BCH FL 33404-5306**

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.

(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, 2000 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	<input type="checkbox"/> Delete
NAME	GRERHRN, MARK K	
STREET ADDRESS	778 LAKESIDE DR	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	SDVP	<input type="checkbox"/> Delete
NAME	AVIS, DEBORAH K	
STREET ADDRESS	778 LAKESIDE DR	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KAH, C L C III	
STREET ADDRESS	778 LAKESIDE DR	
CITY-ST-ZIP	N PALM BCH., FL 00000	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KAH, CARL L C JR	
STREET ADDRESS	778 LAKESIDE DR	
CITY-ST-ZIP	N PALM BCH., FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAH, SHIRLEY J	
STREET ADDRESS	778 LAKESIDE DR	
CITY-ST-ZIP	N PALM BCH., FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00 **561-844-1002**
 Date Daytime Phone #

CR2E034 (9/99)