

2002 UNIFORM BUSINESS REPORT (UBR)

0020751 SP

DOCUMENT # B99000000161

1. Entity Name

RAINES ELECTRIC LP

Principal Place of Business

521 WEST WALNUT
GARLAND TX 75040

Mailing Address

521 WEST WALNUT
GARLAND TX 75040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 JAN 28 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

52-2132532

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Maria Ozaeta

Marla Ozaeta
Vice President

1-25-02

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M99000000581
NAME RAINES MANAGEMENT LLC
STREET ADDRESS 521 WEST WALNUT
CITY-ST-ZIP GARLAND TX 75040

STREET ADDRESS

CITY-ST-ZIP

200004890612-7
-02/05/02--01058--025
****141.25 ****141.25

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE *Paul Shinc*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01.10.02

912.272.5595

Date

Daytime Phone #

CR2E003 (9/01)