

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90005 024 ***550.00

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DOCUMENT # H90538

1. Entity Name
RINA REALTY INVESTMENTS, INC.

Principal Place of Business Mailing Address
% LARRY DAVIS **% LARRY DAVIS**
2600 S OCEAN BLVD #10 **2600 S OCEAN BLVD #10**
BOCA RATON FL 33432 **BOCA RATON FL 33432**

554085



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
32000 Solon Road **32000 Solon Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Solon, OH **Solon, OH** **59-2632200** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
44139 **USA** **44139** **USA** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
DAVIS, LARRY **William Kent Ihrig c/o Broad and Cassel**
2600 S. OCEAN BLVD **100 North Tampa**
#10 **Suite 3500**
BOCA RATON FL 33432 **Tampa FL Zip Code 33602**

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: **William Kent Ihrig** DATE: **5/29/01**
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LARRY		NAME	Deceased	
STREET ADDRESS	2600 S. OCEAN BLVD #10		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LOIS		NAME		
STREET ADDRESS	2600 S. OCEAN BLVD #10		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JEFFERY S.		NAME		
STREET ADDRESS	32000 SOLON ROAD		STREET ADDRESS		
CITY - ST - ZIP	SOLON OH		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other names empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)