

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90933 027 ***150.00

DOCUMENT # J74656

1. Entity Name

RAUZIN-KRAMER CORPORATION

Principal Place of Business

195 S.W. 15TH ROAD
 SUITE 502
 MIAMI FL 33129
 US

Mailing Address

195 S.W. 15TH ROAD
 SUITE 502
 MIAMI FL 33129
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6195642**

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

~~RAUZIN, MARVIN J.
 195 S.W. 15TH ROAD
 SUITE 502
 MIAMI FL 33129~~

Name **Alan Rauzin**

Street Address (P.O. Box Number is Not Acceptable)
195 SW 15 Rd #502

City **miami**

FL

Zip Code **33129**

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

Alan H. Rauzin

Alan H. Rauzin 4-27-01

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, 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 **P** ☒ Delete
 NAME **RAUZIN, MARVIN J.**
 STREET ADDRESS **195 S.W. 15TH ROAD #502**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **Alan Rauzin** ☒ Change ☐ Addition
 NAME **195 SW 15 Rd #502**
 STREET ADDRESS **miami, FL 33129**
 CITY-ST-ZIP

TITLE **CP** ☐ Delete
 NAME **GIMENEZ, CAROL**
 STREET ADDRESS **5861 S.W. 90TH COURT**
 CITY-ST-ZIP **MIAMI FL 33173**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Alan H. Rauzin **Alan H. Rauzin**

Date

Daytime Phone #

4/25/01 854-6622

CR2E034 (10/00)