

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90161 009 ***150.00

0505096 AV

DOCUMENT # P01000016740

1. Entity Name
RAINCO INC.



Principal Place of Business

~~881 OCEAN DR. #10-D~~
~~KEYBISCAYNE FL 33149~~

Mailing Address

~~881 OCEAN DR. #10-D~~
~~KEYBISCAYNE FL 33149~~

2. Principal Place of Business

530 LINCOLN ROAD

3. Mailing Address

530 LINCOLN ROAD

Suite, Apt. #, etc.

SUITE 104

Suite, Apt. #, etc.

SUITE 104

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1090910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

APTE, STANLEY H
530 LINCOLN RD, STE 104
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE * **D** ☐ Delete
NAME **BARANY, RAINER**
STREET ADDRESS ~~881 OCEAN DR. #10-D~~
CITY-ST-ZIP ~~KEYBISCAYNE FL 33140~~

TITLE * **D** ☐ Delete
NAME **BARANY, CORALIA**
STREET ADDRESS ~~881 OCEAN DR. #10-D~~
CITY-ST-ZIP ~~KEYBISCAYNE FL 33140~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE * **D** ☒ Change ☐ Addition
NAME **BARANY, RAINER**
STREET ADDRESS **132 MINORCA AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE * **D** ☒ Change ☐ Addition
NAME **BARANY, CORALIA**
STREET ADDRESS **132 MINORCA AVE**
CITY-ST-ZIP **CORAL GABLES, FL 33149**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 2003

Date

Daytime Phone #

CR2E034 (10/02)