

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90944 009 \*\*\*150.00

**DOCUMENT # P93000035088**

1. Entity Name  
**RAHN PIER, INC.**



Principal Place of Business  
**501 E CAMINO REAL  
CORPORATE OFFICE  
BOCA RATON FL 33432  
US**

Mailing Address  
**PO BOX 5025  
CORPORATE OFFICE  
BOCA RATON FL 33431  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0418131**

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

**AMERICAN INFORMATION SERVICES, INC.  
ONE SE THIRD AVE., 28TH FLOOR  
MIAMI FL 33131**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROCHON, RICHARD C</b>	
STREET ADDRESS	<b>450 E LAS OLAS BLVD # 1500</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PIERCE, WILLIAM</b>	
STREET ADDRESS	<b>501 E CAMINO REAL</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>TVP</b>	<input type="checkbox"/> Delete
NAME	<b>DAURIA, STEVEN M</b>	
STREET ADDRESS	<b>501 E CAMINO REAL</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> Delete
NAME	<b>HANDLEY, RICHARD L</b>	
STREET ADDRESS	<b>450 E LAS OLAS BLVD 1500</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FEDER, DAVID S</b>	
STREET ADDRESS	<b>501 E. CAMINO REAL</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FEDER, DAVID S</b>	
STREET ADDRESS	<b>501 E. CAMINO REAL</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOOR, WAYNE</b>	
STREET ADDRESS	<b>501 E. CAMINO REAL</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>	
TITLE	<b>TVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FINOCCHIARO, MARY JO</b>	
STREET ADDRESS	<b>501 E. CAMINO REAL</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>	
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		

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:

*Mary Jo Finocchiaro* **MARY JO FINOCCHIARO** 2/4/03 561-447-5300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0398611 AV

CP2E034 (10/02)