

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90223 007 ***150.00

DOCUMENT # P94000019220

1. Entity Name

WIND & RAIN, INC.

Principal Place of Business

1617 TIGERTRAIL AVE
~~SUITE 203~~
COCONUT GROVE FL 33133
US

Mailing Address

1617 TIGERTRAIL AVE
~~SUITE 203~~
COCONUT GROVE FL 33133
US

2. Principal Place of Business

1617 TIGERTRAIL AVE

Suite, Apt. #, etc.

3. Mailing Address

1617 TIGERTRAIL AVE

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL

City & State

COCONUT GROVE, FL

Zip

33133

Country

US

Zip

33133

Country

US

4. FEI Number

65-0505350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVLIN, MARK L
1550 MADRUGA AVENUE
SUITE 120
CORAL GABLES FL 33146

1550 MADRUGA AVE

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1550 MADRUGA AVENUE

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

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

TITLE **DPST** ☐ Delete
NAME **PARRISH, ANTHONY R JR.**
STREET ADDRESS **1617 TIGERTRAIL AVE**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Anthony R Parrish Jr

PRES.

MARCH 11, 01

305-442-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY R. PARRISH, JR

Date

Daytime Phone #

CR2E034 (10/00)