

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023990

1. Entity Name

JOHN J. RACK, INC.

Principal Place of Business

7491 N. FED HWY
SUITE 150
BOCA RATON FL 33487
US

Mailing Address

2871 N OCEAN BLVD
418D
BOCA RATON FL 33431-7062
US

2. Principal Place of Business

3. Mailing Address

John J Rack Inc

Suite, Apt. #, etc.
2871 N Ocean Blvd #418D

City & State
Boca Raton FL

Zip
33431-7062

Country
Bahm Beh

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0482154

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

RACK, JOHN J
800 JEFFERY ST
STE 404
BOCA RATON FL 33431

Name John J Rack
Street Address (P.O. Box Number is Not Acceptable)
2871 N OCEAN BLVD
418D
City Boca Raton FL Zip Code 33431-7062

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, 2000 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	PTS	☐ Delete
NAME	RACK, JOHN J	
STREET ADDRESS	2871 N OCEAN BLVD., #418D	
CITY-ST-ZIP	BOCA RATON FL	
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		

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		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J Rack, Pres 4/4/00 (561) 391-3550

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90036 009 ***150.00