

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041599

1. Entity Name

RAHN BAHIA, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90133 013 ***150.00

A0053857



DO NOT WRITE IN THIS SPACE

Principal Place of Business 450 E LAS OLAS BLVD STE 1400 FORT LAUDERDALE FL 33301 US	Mailing Address 450 E LAS OLAS BLVD STE 1400 FORT LAUDERDALE FL 33301-4206 US
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2. Principal Place of Business 501 E. Camino Real Suite, Apt. #, etc. Corporate Office	3. Mailing Address P. O. Box 5025 Suite, Apt. #, etc. Corporate Office
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City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33432	Country
Zip 33431	Country

4. FEI Number 65-0498957	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVE., 28TH FLOOR MIAMI FL 33131

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P ROCHON, RICHARD C 450 E LAS OLAS BLVD 1500 FORT LAUDERDALE FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD PIERCE, WILLIAM 450 E LAS OLAS SBLVD 1400 FT LAUDERDALE FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TVP DAURIA, STEVEN M 450 E LAS OLAS BLVD 1400 FORT LAUDERDALE FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
SVP HANDLEY, RICHARD L 450 E LAS OLAS BLVD 1400 FT LAUDERDALE FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
501 E. Camino Real Boca Raton, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
501 E. Camino Real Boca Raton, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
450 E. Las Olas Blvd., #1500	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: STEVEN M. DAURIA DATE: 4-28-00 DAYTIME PHONE #: 561-447-5300

CR2E034 (9/99)