

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90130 032 \*\*\*150.00

**DOCUMENT # P94000046512**

1. Entity Name

**RAHN BAHIA MAR MGMT., INC.**

Principal Place of Business

Mailing Address

450 E. LAS OLAS BLVD.

450 E. LAS OLAS BLVD.

STE 1400

STE 1400

LAUDERDALE FL 33301

FORT LAUDERDALE FL 33301-4206

US

2. Principal Place of Business

**501 E. Camino Real**

3. Mailing Address

**P. O. Box 5025**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Corporate Office**

**Corporate Office**

City & State

City & State

**Boca Raton, FL**

**Boca Raton, FL**

Zip

Country

Zip

Country

**33432**

**33431**

4. FEI Number **65-0500488**

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

Name

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

City

**FL**

Zip Code

**AMERICAN INFO SERVICES, INC**  
**ONE SE 3RD AVE 28TH FL**  
**MIAMI FL 33131**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, PETER H	
STREET ADDRESS	450 EAST OLAS BLVD., STE. 700	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, JOHN H	
STREET ADDRESS	450 E. LAS OLAS BLVD., STE. 700	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	STIRK, ROBERT J	
STREET ADDRESS	450 E. LAS OLAS BLVD., STE. 700	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rochon, Richard C.	
STREET ADDRESS	450 E. Las Olas Blvd., #1500	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pierce, William M.	
STREET ADDRESS	501 E. Camino Real	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Handley, Richard L.	
STREET ADDRESS	450 E. Las Olas Blvd., #1500	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dauria, Steven M.	
STREET ADDRESS	501 E. Camino Real	
CITY-ST-ZIP	Boca Raton, FL 33432	
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		

CR2E034 (9/99)

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:

**Signature Required** Steven M. Dauria

**4-28-00**

**561-447-5300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #