

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90081 002 ***150.00

0120410 AV

DOCUMENT # P97000049845

1. Entity Name
DELRAIN, INC.

Principal Place of Business

Mailing Address

1779 S PATRICK DR

1779 S PATRICK DR

**INDIAN HARBOR BEACH FL 32937
 US**

**INDIAN HARBOUR BEACH FL 32937
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3452427**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAFIERO, DOLORES

1779 S PATRICK DR

INDIAN HARBOUR BEACH FL 32937

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.

SIGNATURE **DOLORES CAFIERO**

Dolores Cafiero

4-23-02

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, 2002 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** ☐ Delete
 NAME **CAFIERO, DOLORES**
 STREET ADDRESS **255 PARADISE BLVD. #45**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **V.P.** ☐ Change ☒ Addition
 NAME **LOUIS T. SCOMA**
 STREET ADDRESS **116 LEE ST INDIALANTIC FL**
 CITY-ST-ZIP **32903**

TITLE **VPS** ☐ Delete
 NAME **SCOMA, LARAIN**
 STREET ADDRESS **116 LEE ST.**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **CEO** ☐ Change ☒ Addition
 NAME **LAWRENCE CAFIERO**
 STREET ADDRESS **255 PARADISE BLVD #45**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 all other like empowered.

SIGNATURE:

Dolores Cafiero
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

321 779 9100

Date

Daytime Phone #

CR2E034 (9/01)