

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State
 09-07-2000 90064 011 ***150.00

DOCUMENT # **P970000107191**

1. Entity Name
RAHA ASSOCIATES II, INC.

Principal Place of Business
708 THIRD Avenue 28th Floor
New York, NY 10017

Mailing Address
708 Third Ave. 28th FL
New York, NY 10017

A0075690

2. Principal Place of Business
708 Third Avenue 28th Fl
 Suite, Apt. #, etc.

3. Mailing Address
708 Third Ave - 28th Fl
 Suite, Apt. #, etc.

City & State
New York NY

Zip
10017

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2363738

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Gragg, K. Lawrence
200 S Biscayne Blvd.
Suite 4900
Miami FL 33131

7. Name and Address of New Registered Agent
 Name
Gragg, K. Lawrence
 Street Address (P.O. Box Number is Not Acceptable)
200 S Biscayne Blvd.
Suite 4900
 City
Miami **FL** Zip Code
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 *K. Lawrence Gragg* (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 P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Benenson, Charles B.		NAME	
STREET ADDRESS 708 Third Ave 28 FL		STREET ADDRESS	
CITY-ST-ZIP New York NY 10017		CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DiNome, Anthony J.		NAME	
STREET ADDRESS 708 Third Ave. 28th FL		STREET ADDRESS	
CITY-ST-ZIP New York, NY 10017		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Celnick, Martin		NAME	
STREET ADDRESS 708 Third Ave 28th FL		STREET ADDRESS	
CITY-ST-ZIP New York NY 10017		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Anthony J. DiNome* **August 16, 2000** **(212) 716 9076**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)