

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101792

1. Entity Name
RAINMAKER & ASSOCIATES, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90151 009 ***550.00

Principal Place of Business

**ONE WEST CAMINO REAL
SUITE 118
BOCA RATON FL 33432**

Mailing Address

**ONE WEST CAMINO REAL
SUITE 118
BOCA RATON FL 33432**

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 **65-0881207**

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

**CAPRIO, JAMES J
4890 N.W. 65TH AVENUE
LAUDERHILL FL 33319**

Name

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

1040 SEMINOLE DR. #551

City **FT. LAUDERDALE**

FL

Zip Code **33304**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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** ☐ Delete
NAME **CAPRI, JAMES J**
STREET ADDRESS **4890 N.W. 65TH AVE**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☒ Change ☐ Addition
NAME **J. CAPRIO, JAMES J.**
STREET ADDRESS **1040 SEMINOLE DR. #551**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33304**

TITLE **V** ☐ Delete
NAME **ZUBAY, KENNETH**
STREET ADDRESS **22845 IRONWEDGE DR.**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00

Date

561-361-4567

Daytime Phone #