

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012629

1. Entity Name

RAINTREE INTERNATIONAL MORTGAGE, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90109 040 ***150.00

Principal Place of Business

777 BRICKELL AVENUE
SUITE 500
MIAMI FL 33131

Mailing Address

777 BRICKELL AVENUE
SUITE 500
MIAMI FL 33131

2. Principal Place of Business

801 Brickell Avenue

Suite, Apt. #, etc.
2220

City & State
Miami Florida

Zip
33131

Country
USA

3. Mailing Address

801 Brickell Avenue

Suite, Apt. #, etc.
2220

City & State
Miami FL

Zip
33131

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0902846

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE ALAN ESQ
1 SE 3RD AVENUE #960
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Naomi Ratinov

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

801 Brickell Avenue

Suite 2220

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

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RATINOV, NAOMI
777 BRICKELL AVENUE SUITE 500
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director President
Naomi Ratinov
801 Brickell Avenue #2220
Miami, FL 33131 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 is 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0151651