

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91890 002 \*\*\*150.00

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**DOCUMENT # P99000012629**

1. Entity Name  
**RAINTREE INTERNATIONAL MORTGAGE, INC.**



Principal Place of Business  
**801 BRICKELL AVE  
SUITE 2220  
MIAMI FL 33131**

Mailing Address  
**801 BRICKELL AVE  
SUITE 2220  
MIAMI FL 33131**



2. Principal Place of Business

**2222 Ponce de Leon Blvd  
Penthouse**

City & State  
**Coral Gables**  
Zip  
**33134**  
Country  
**USA**

3. Mailing Address

**2222 Ponce de Leon Blvd  
Penthouse**

City & State  
**Coral Gables**  
Zip  
**33134**  
Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

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

**RATINOV, NAOMI  
801 BRICKELL AVE  
SUITE 2220  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2222 Ponce de Leon Blvd.  
Penthouse Suite**  
City  
**Coral Gables** FL Zip Code  
**33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Naomi Ratinov**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **RATINOV, NAOMI**  
STREET ADDRESS **801 BRICKELL AVE #2220**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2222 Ponce de Leon Blvd. Penthouse Suite**  
CITY-ST-ZIP **Coral Gables, FL 33134**

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

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

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all power thereto empowered.

SIGNATURE: **Naomi Ratinov**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03 305-447-9797**  
Date Daytime Phone #

CR2E034 (10/02)