2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000055955** Apr 18, 2000 8:00 am Secretary of State RAINY DAYS INVESTMENTS, INC. 04-18-2000 90220 037 ***150.00 Principal Place of Business Mailing Address 2581 MAYFAIR LANE 2581 MAYFAIR LANE WESTON FL 33327-1506 WESTON FL 33327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-09134691 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, DANIEL Street Address (P.O. Box Number is Not Acceptable) 1313 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D ■ Addition ☐ Delete TITLE ☐ Change TITLE SCHEINER, MONROE NAME NAME STREET ADDRESS 2731 PINEHURST DRIVE STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE DAVIS, ALAN J NAME STREET ADDRESS STREET ADDRESS 2581 MAYFAIR LANE CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP ☐ Delete TITLE TITLE SCHEINER, EVE G NAME 2731 PINEHURST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP [7] Addition ☐ Defete TITLE TITLE DAVIS, BARBARA H NAME NAME STREET ADDRESS STREET ADDRESS 2581 MAYFAIR LANE WESTON, PL CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP ☐ Change □ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the corporation of the corporation or the receiver or trustee empowered.