

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90049 032 ***150.00

DOCUMENT # P99000088229

1. Entity Name
ALEXANDRA RAIN INC.

Principal Place of Business
**240 SOUTHWEST 12TH AVENUE
 DEERFIELD BEACH FL 33442**

Mailing Address
**240 SOUTHWEST 12TH AVENUE
 DEERFIELD BEACH FL 33442**



2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0968503

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHWARTZ, STEVEN
 240 SOUTHWEST 12TH AVENUE
 DEERFIELD BEACH FL 33442**

Name

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

City

FL

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

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, 2002 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** ☐ Delete
 NAME : **SCHWARTZ, STEVEN**
 STREET ADDRESS : **240 SOUTHWEST 12TH AVENUE**
 CITY-ST-ZIP : **DEERFIELD BEACH FL 33442**

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

TITLE : **VP** ☐ Delete
 NAME : **SCHWARTZ, LINDA**
 STREET ADDRESS : **240 SOUTHWEST 12TH AVENUE**
 CITY-ST-ZIP : **DEERFIELD BEACH FL 33442**

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

TITLE : **ST** ☒ Delete
 NAME : **ROSE, HELEN**
 STREET ADDRESS : **240 SOUTHWEST 12TH AVENUE**
 CITY-ST-ZIP : **DEERFIELD BEACH FL 33442**

TITLE : ☐ Change ☐ Addition
 NAME : **← Delete**
 STREET ADDRESS :
 CITY-ST-ZIP :

TITLE : ☐ Delete
 NAME :
 STREET ADDRESS :
 CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
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TITLE : ☐ Delete
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TITLE : ☐ Change ☐ Addition
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TITLE : ☐ Delete
 NAME :
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 CITY-ST-ZIP :

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 file empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02

Date

954422-9959

Daytime Phone #

CR2E034 (9/01)