

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S70754

1. Entity Name

RAINERI CONSTRUCTION, INC.

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

05-21-2000 90008 030 ***150.00

Principal Place of Business Mailing Address
 3519 SOUTHWEST HIGHWAY 17 SOUTH 3519 SOUTHWEST HIGHWAY 17 SOUTH
 ARCADIA FL 34266 ARCADIA FL 34266-8166
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0277484	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAINERI, BARRY
 3519 S.W. HWY. 17 SOUTH
 ARCADIA FL 34266

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, 2000 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	PTD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINERI, BARRY	NAME	
STREET ADDRESS	3519 S.W. HGHWY. 17 S.	STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	CITY-ST-ZIP	
TITLE	VSD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINERI, KAREN	NAME	
STREET ADDRESS	3519 S.W. HGHWY. 17 S.	STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Karen P. Raineri

Karen P. Raineri

Date

4-26-2000 (863) 993-4333

CR2E034 (9/99)