

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003664

1. Entity Name

RAINBOW OF NATIONS, INC.

Principal Place of Business

16810 NORTH EAST 4TH COURT
NORTH MIAMI BEACH FL 33162

Mailing Address

16810 NORTH EAST 4TH COURT
NORTH MIAMI BEACH FL 33162-3975

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0951348

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALCEDO, CECILIA
16810 NORTH EAST 4TH COURT
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name Cecilia Salcedo
Street Address (P.O. Box Number is Not Acceptable)
16810 NE 4TH CT
North Miami Beach
City FL Zip Code 33162

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 Cecilia Salcedo/President/Executive Director 4/14/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Peter E. NEFSKY Incorporator <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Incorporator peter E. NEFSKY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	president/Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cecilia Salcedo
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice president georges SYLVAIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13851 NE miami CT Miami 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director thomasina Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13820 NE 16th Miami 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Belores Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 18423 NE 12th Miami 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Executive Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carlos Fernan P.O. BOX. 640172 m. 33164-072
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Cecilia Salcedo 4/14/00-305-651-0884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)