

2001 UNIFORM BUSINESS REPORT (UBR)

0182119

DOCUMENT # 271861

1. Entity Name
RAINBOW JEWELRY INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 30 PM 1:41

Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI FL 33145 US	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI FL 33145 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2300 Coral Way Suite, Apt. #, etc. Suite # 200 City & State Miami, Florida	3. Mailing Address 2300 Coral Way Suite, Apt. #, etc. Suite # 200 City & State Miami, Florida
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4. FEI Number 59-1008908	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip 33145	Country US	Zip 33145	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI FL 33145**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
800004104038--9
-05/01/01--01113--018
City
FL ZIP Code
150.00

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]* **AMADA CANTERA LOPEZ, President** **4/15/01**
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, 2001 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORJAIN, YAKO 8777 COLLINS AVENUE MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORJAIN, CLARA 8777 COLLINS AVENUE MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORJAIN, SAMUEL 2014 NE 122 RD NORTH MIAMI FL	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **YAKO MORJAIN** **4/15/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)