

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709107

1. Entity Name

RAINBOW CONDOMINIUM, INC.


FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90017 001 ****80.00

Principal Place of Business C/O DHAIFA #6 331 COLLINS AVE. #10 MIAMI BEACH FL 33139-6913	Mailing Address C/O DHAIFA #6 331 COLLINS AVE. #10 MIAMI BEACH FL 33139-6913
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2040781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DHAIFA, DHAIFA DR
331 COLLINS AVE., #6
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: **CLIFFORD BUCHANAN**
 Street Address (P.O. Box Number is Not Acceptable):
331 Collins Ave. #7
 City: **Miami Beach** FL Zip Code: **33139**

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: *X Clifford C. Buchanan* DATE: **2-17-2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE: VD	<input type="checkbox"/> Delete
NAME: HALPERN, JENNIE	
STREET ADDRESS: 331 COLLINS AVE #9	
CITY-ST-ZIP: MIAMI BEACH FL	
TITLE: PD	<input checked="" type="checkbox"/> Delete
NAME: DHAIFA, DHAIFA DR	
STREET ADDRESS: 331 COLLINS #6	
CITY-ST-ZIP: MIAMI BEACH FL 33139	
TITLE: STD	<input checked="" type="checkbox"/> Delete
NAME: GONZALEZ, ESTHER	
STREET ADDRESS: 331 COLLINS AVE., #6	
CITY-ST-ZIP: MIAMI BEACH FL	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BUCHANAN CLIFFORD	
STREET ADDRESS: 331 Collins Ave. #7	
CITY-ST-ZIP: Miami Beach, FL 33139	
TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BLANCHETTE MILHELINEA	
STREET ADDRESS: 331 COLLINS AVE #3	
CITY-ST-ZIP: MIAMI BEACH FL 33139	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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: *X Clifford C. Buchanan* DATE: **2-17-2000** (305) 505-3702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR