

**2001 UNIFORM BUSINESS REPORT (UBR)**

3

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90206 031 \*\*\*\*70.00

**DOCUMENT # 709107**

1. Entity Name

**RAINBOW CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

~~331 COLLINS AVE. #7~~  
**331 COLLINS AVE. #7**  
 MIAMI BEACH FL 33139-6913

~~331 COLLINS AVE. #7~~  
**331 COLLINS AVE. #7**  
 MIAMI BEACH FL 33139-6913

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**331 COLLINS AVE**

**331 COLLINS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#7**

**#7**

City & State

City & State

**MIAMI BEACH**

**FL**

4. FEI Number

**59-2040781**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip **33139** Country **DADE**

Zip **33139** Country **DADE**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BUCHANAN, CLIFFORD~~  
**BUCHANAN, CLIFFORD**  
**331 COLLINS AVE. #7**  
 MIAMI BEACH FL 33139

Name

**BUCHANAN CLIFFORD**

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

**CLIFFORD BUCHANAN**

*Clifford Buchanan*

**2-19-01**

Signature, typed or printed name of registered agent and title if applicable.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **VD HALPERN, JENNIE**  
 STREET ADDRESS **331 COLLINS AVE #9**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD BUCHANAN, CLIFFORD**  
 STREET ADDRESS **331 COLLINS AVE #7**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  Change  Addition  
 NAME **PRESIDENT / DIR BUCHANAN, CLIFFORD**  
 STREET ADDRESS **331 COLLINS AVE #7**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE  Delete  
 NAME **STD BLANCHETTE, MICHELINE**  
 STREET ADDRESS **331 COLLINS AVE. #3**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE  Change  Addition  
 NAME **STD BLANCHETTE, MICHELINE**  
 STREET ADDRESS **331 COLLINS AVE, #3**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*CLIFFORD BUCHANAN*

**2-19-01**

**305 565 3702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (10/00)