

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

4/71

04-07-2003 90222 013 ****61.25

DOCUMENT # **709107**

1. Entity Name
RAINBOW CONDOMINIUM, INC.



Principal Place of Business Mailing Address

C/O CLIFFORD BUCHANAN **C/O CLIFFORD BUCHANAN**
331 COLLINS AVE # 7 **331 COLLINS AVE # 7**
MIAMI BEACH FL 33139-6913 **MIAMI BEACH FL 33139-6913**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2040781** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BUCHANAN, CLIFFORD
331 COLLINS AVE
7
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Clifford C. Buchanan* DATE **4-1-03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VO	<input checked="" type="checkbox"/> Delete
NAME	ROTHMAN, WILLY	
STREET ADDRESS	331 COLLINS AVE #5	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUCHANAN, CLIFFORD	
STREET ADDRESS	331 COLLINS AVE # 7	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BLANCHETTE, MICHELINE	
STREET ADDRESS	331 COLLINS AVE # 3	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALVIN SILVERMAN	
STREET ADDRESS	331 COLLINS AVE #8	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD BUCHANAN	
STREET ADDRESS	331 COLLINS AVE #7	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D. Gaston-Lussier	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	121 Rue Edward Greenfield Park	
STREET ADDRESS	Quebec, Canada J4R2C2	
CITY-ST-ZIP		
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)(f), 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 C. Buchanan* **REQUIRED** DATE **4-1-03** (305) 505-3702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)