

2002 UNIFORM BUSINESS REPORT (UBR)

0000427 AT

DOCUMENT # A10041

1. Entity Name
RAINBOW ASSOCIATES, LTD.

FILED

02 SEP -6 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA **BJH**

Principal Place of Business
**900 NW 54TH STREET
MIAMI FL 33127**

Mailing Address
**900 NW 54TH STREET
MIAMI FL 33127**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number **59-2462181** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**REEVES, RACHEL J
2082 N.E. 120TH ROAD
NORTH MIAMI FL 33181**

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

9. Capital Contributions as Shown on record. **\$1,900,100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	REEVES, GARTH C.	900 N.W. 54 STREET	MIAMI FL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	G28660 FIRST BLACK CAPITAL, INC	900 N.W. 54 STREET	MIAMI FL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200007796922--6
CITY-ST-ZIP	03/17/02 01015-020
	****926.25 ****926.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **2/9/02 305-694-6210**

CR2E003 (4/02)