

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F06261

1. Entity Name

RAINBOW OPTICIANS, INC.

Principal Place of Business

8521 NW 53 CT  
LAUDERHILL FL 33351-4818

Mailing Address

8521 NW 53 CT  
LAUDERHILL FL 33351-4818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINE, STEVEN, P.A.  
3890 W. COMMERCIAL BLVD.  
SUITE 217  
FT LAUDERDALE FL 33309

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME           | STREET ADDRESS  | CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------|-----------------|-----------------|---------------------------------|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| VS    | SHENFELD, AMY  | 8521 NW 53RD CT | LAUDERHILL FL   | <input type="checkbox"/> Delete |       |      |                |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| PT    | SHENFELD, EVAN | 8521 NW 53RD CT | LAUDERHILL FL   | <input type="checkbox"/> Delete |       |      |                |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |                |                 |                 | <input type="checkbox"/> Delete |       |      |                |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |                |                 |                 | <input type="checkbox"/> Delete |       |      |                |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |                |                 |                 | <input type="checkbox"/> Delete |       |      |                |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |                |                 |                 | <input type="checkbox"/> Delete |       |      |                |                 | <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:

*Evan Shenfeld*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90044 015 \*\*\*150.00

00000000



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2056454** ☐ Applied For ☐ Not Applicable

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

CR2E034 (9/99)

3/14/00

954

456-7200