

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F65925

1. Entity Name

RAINBOW TECHNICAL CO., INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90024 043 ***150.00

Principal Place of Business

Mailing Address

5822 DAWSON ST
HOLLYWOOD FL 33023
US

1681 NW 97 WAY
PEMBROKE PINES FL 33024-4434
US

2. Principal Place of Business

3. Mailing Address

1681 NW 97 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PEMBROKE PINES FL

4. FEI Number

59-2158738

Applied For

Not Applicable

Zip

Country

Zip

Country

33024-4434

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSO, GREGORY A. JR.
1681 NW 97 WAY
PEMBROKE PINES FL 33024

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

PVST
RUSSO, GREGORY A., JR
5822 DAWSON ST
HOLLYWOOD FL 33023

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

1681 NW 97 WAY
PEMBROKE PINES FL 33024

TITLE
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GREGORY A. RUSSO JR. President 954-962-1304

CR2E034 (9/99)