

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90067 019 \*\*\*150.00

80002100



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # M63353</b> 1. Entity Name <b>RAINBOW D.C. INCORPORATED</b>				<b>FILED</b> <b>Jan 10, 2001 8:00 am</b> <b>Secretary of State</b> 01-10-2001 90067 019 ***150.00																																																																																																																															
Principal Place of Business <b>C/O JAIME GONZALEZ</b> <b>740 BLUEBIRD LANE</b> <b>PLANTATION FL 33324</b>		Mailing Address <b>C/O JAIME GONZALEZ</b> <b>740 BLUEBIRD LANE</b> <b>PLANTATION FL 33324</b>		 DO NOT WRITE IN THIS SPACE																																																																																																																															
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State																																																																																																																																	
Zip	Country	Zip	Country																																																																																																																																
4. FEI Number <b>65-0157800</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																																																																															
6. Name and Address of Current Registered Agent <b>GONZALEZ, JAIME</b> <b>740 BLUEBIRD LANE</b> <b>PLANTATION FL 33324</b>																																																																																																																																			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">11. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">12. 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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.																																																																																																																																			
<b>SIGNATURE: <i>JAIME GONZALEZ VT</i></b> <b>01-04-2001 (954) 473-8452</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																																																																																																																			

CR2E034 (10/00)