

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90015 027 \*\*\*\*61.25

**DOCUMENT # N00000001769**

1. Entity Name

**RAINBOW OF HOPE, INC.**

1A

Principal Place of Business

**14440 OLIVIA EDWARDS (LINCOLN) BLVD.  
 MIAMI FL 33176**

Mailing Address

**14440 OLIVIA EDWARDS (LINCOLN) BLVD.  
 MIAMI FL 33176**

**C0076124**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1130207**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**MALONE, CARLOS L BIS. SR  
 8421 S.W. 183RD ST.  
 MIAMI FL 33157**

Name **Richard T. Ryans**

Street Address (P.O. Box Number is Not Acceptable)  
**14440 Lincoln Blvd.**

City **Miami**

**FL**

Zip Code  
**33176**

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

*Richard T. Ryans*

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

(NOTE: Registered Agent signature required when reinstating)

**9/5/01**

DATE

**FILE NOW: FEE IS \$61.25  
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CEO** ☐ Delete  
 NAME **MALONE, CARLOS L BIS SR**  
 STREET ADDRESS **8421 S.W. 183RD ST.**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **DT** ☐ Change ☒ Addition  
 NAME **Ryans, Richard**  
 STREET ADDRESS **8260 SW 210th St. #108**  
 CITY-ST-ZIP **Miami, FL 33189**

TITLE **DP** ☐ Delete  
 NAME **SIMS, PATRICIA**  
 STREET ADDRESS **15830 S.W. 105 CT.**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV** ☐ Delete  
 NAME **BROWN, CLAUDETTE**  
 STREET ADDRESS **17520 S.W. 140 CT.**  
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **AUSTIN, SUZANNE DR**  
 STREET ADDRESS **18462 S.W. 184 PL.**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 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:

*Richard T. Ryans*

**9/5/01**

**305-235-7423**

CR2E037 (5/01)