

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003403

1. Entity Name

RAINBOW REPERTORY COMPANY, THEATRE & ACADEMY, IN

Principal Place of Business

3223 NW 35 WAY
LAUDERDALE LAKES FL 33309

Mailing Address

3223 NW 35 WAY
LAUDERDALE LAKES FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

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

GRANT, CHRISTOPHER
3223 NW 35 WAY
LAUDERDALE LAKES 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

FILE NOW:
FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	GUEST, MYRNA	
STREET ADDRESS	3078 PERRIWINKLE CIR.	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSVENOR, NEEVA	
STREET ADDRESS	9460 NW 18TH DR.	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEEN, RICHARD E	
STREET ADDRESS	2730 SW 117TH AVE.	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, TARIK	
STREET ADDRESS	3285 FOX CROFT RD., E-215	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILDER, SANRDA B	
STREET ADDRESS	830 SW 56TH AVE.	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	El-Baroudi, Flavia	
STREET ADDRESS	512 NW 97th Ave.	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berryer-Long, Valerie	
STREET ADDRESS	302 SW 61st Ave.	
CITY-ST-ZIP	Plantation, FL 33317	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Piser, Helene M.	
STREET ADDRESS	17544 SW 29th Lane	
CITY-ST-ZIP	Miramar, FL 33029	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mueller, Deborah Lynn	
STREET ADDRESS	8051 Colony Circle S. #210	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cruz, George L.	
STREET ADDRESS	1971 SW 94th Terrace	
CITY-ST-ZIP	Miramar, FL 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beamer, Monica	
STREET ADDRESS	19601 E. Country Club Rd. #207	
CITY-ST-ZIP	Aventura, FL 33180	

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: Christopher Grant 2/14/01 (954) 733-9514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90024 014 ****61.25

00018038



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)