

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90096 020 \*\*\*\*66.25

**DOCUMENT # N42578**

1. Entity Name

**ST. AGNES RAINBOW VILLAGE DEVELOPMENT CORPORATIO**

Principal Place of Business

Mailing Address

P O BOX 012943 (33101)  
 1750 N.W. 3RD AVENUE  
 MIAMI FL 33136

P O BOX 012943 (33101)  
 1750 N.W. 3RD AVENUE  
 MIAMI FL 33136

**902731**



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

**65-0330502**

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

**DAVIS, ELSTON**  
**1750 N.W. 3RD AVE.**  
**MIAMI FL 33136**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GILBERT, SHEDRICK (REV)</b>	
STREET ADDRESS	<b>3368 N.W. 51ST TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHACK, HELEN</b>	
STREET ADDRESS	<b>310 N.W. 22ND ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, RACHEL C.</b>	
STREET ADDRESS	<b>5610 N.W. 10TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JENNINGS, WILHELMINA F.</b>	
STREET ADDRESS	<b>1140 N.W. 66TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, LEROY A.</b>	
STREET ADDRESS	<b>3241 NW 11TH PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HUDSON, CHARLES SR.</b>	
STREET ADDRESS	<b>14820 PIERCE ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAROLYN CLEAR</b>	
STREET ADDRESS	<b>15620 NW 28 PLACE</b>	
CITY-ST-ZIP	<b>OPA LOCKA, FLA 33054</b>	

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:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)