

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002954

1. Entity Name

RAINBOW BEGINNING MINISTRIES, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 OCT 16 AM 8:13

Principal Place of Business

3290 NORTHWEST 47 STREET  
MIAMI FL

Mailing Address

3290 NORTHWEST 47 STREET  
MIAMI FL

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

65-0498256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DREW, MORRIS L  
5901 NW 151ST STREET  
SUITE 210  
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

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

After September 13, 2000 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

TITLE D ☐ Delete  
NAME STEWART, ADDIE  
STREET ADDRESS 3290 NORTHWEST 47 STREET  
CITY-ST-ZIP MIAMI FL 33142

TITLE ED ☐ Delete  
NAME KEYE, ALAND S  
STREET ADDRESS PO BOX 5197  
CITY-ST-ZIP MIAMI FL 33014

TITLE VPD ☐ Delete  
NAME MCKENDRICK, AVARIAN R  
STREET ADDRESS 3824 NW 121ST AVE  
CITY-ST-ZIP SUNRISE FL 33325

TITLE MD ☐ Delete  
NAME GILBERT, OFFICER  
STREET ADDRESS 2950 NW 83RD STREET  
CITY-ST-ZIP MIAMI FL 33142

TITLE M ☐ Delete  
NAME COLSTON, BRENDA  
STREET ADDRESS 910 NW 42ND STREET  
CITY-ST-ZIP MIAMI FL 33127

TITLE OOD ☐ Delete  
NAME DREW, MORRIS L  
STREET ADDRESS 5901 NORTHWEST 151ST STREET, STE 210  
CITY-ST-ZIP MIAMI LAKES FL 33014

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00

305-822-2752

Date

Daytime Phone #