

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003093

1. Entity Name

RAINBOW CHRISTIAN SCHOOL, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90045 016 ****61.25

Principal Place of Business Mailing Address
2720 W. 1ST AVE. 2720 W. 1ST AVE.
HIALEAH FL 33010 HIALEAH FL 33010-1704

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 65-0590720 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

AREVALO, AMILCAR A
2720 W. 1ST AVE.
HIALEAH FL 33010

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing ☐ \$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 ☐ Delete
NAME AREVALO, AMILCAR A
STREET ADDRESS 3297 W. 70TH ST.
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☒ Change ☐ Addition
NAME 4320 W 5 Ave,
STREET ADDRESS Hialeah, FL 33012
CITY-ST-ZIP

TITLE D ☐ Delete
NAME AREVALO, BELKYS
STREET ADDRESS 3297 W. 70TH ST.
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☒ Change ☐ Addition
NAME 4320 W 5 Ave,
STREET ADDRESS Hialeah, FL 33012
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HERNANDEZ, LUDAIMIS
STREET ADDRESS 6320 N.W. 40TH ST.
CITY-ST-ZIP VIRGINIA GARDENS FL 33166

TITLE ☒ Change ☐ Addition
NAME 4320 W 5 Ave,
STREET ADDRESS Hialeah, FL 33012
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
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TITLE ☐ Change ☐ Addition
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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: *Amilcar Arevalo* SIGNATURE REAMILCAR AREVALO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000 305-884-8895
Date Daytime Phone #

CR2E037 (9/99)