

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003720**

1. Entity Name

R.A.A.N.B.O.W., INC.

Principal Place of Business

Mailing Address

**5209 NW 65 AVENUE
LAUDERHILL FL 33319****5209 NW 65 AVENUE
LAUDERHILL FL 33319**

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

65-0772061

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

**MYLES, JANICE G.
5209 NW 65 AVENUE
LAUDERHILL FL 33319**Name **Janice Goodwin**

Street Address (P.O. Box Number is Not Acceptable)

1620 NW 128 Drive #107

City

Sunrise**FL**

Zip Code

33323

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Janice Goodwin***Janice Goodwin****9-9-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
☐ Delete	D	MYLES, JANICE G	5209 NW 65 AVENUE LAUDERHILL FL 33319	☐ Change	☐ Addition
☒ Delete	D	KNIGHT, BETTY L	5509 NW 44 STREET #514 LAUDERHILL FL 33319	☐ Change	☒ Addition
☐ Delete	D	GOODWIN, KAYDINE	10003 WINDING LAKE ROAD #205 SUNRISE FL 33351	☐ Change	☒ Addition
☐ Delete	D	Director	Janice Goodwin	☒ Change	☐ Addition
☐ Delete	D	Officer	Orintia Taylor	☐ Change	☒ Addition
☐ Delete	D	Officer	Kimberly Shelton	☐ Change	☒ Addition
☐ Delete	D	Officer	Robin Gardiner	☐ Change	☒ Addition

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

9-9-02 954-217-0181

Date

Daytime Phone #

FILED

02 OCT 16 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2037 (4/02)