

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90141 001 ****61.25

DOCUMENT # N97000003720

1. Entity Name

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



Principal Place of Business

**5209 NW 65 AVENUE
LAUDERHILL FL 33319**

Mailing Address

**5209 NW 65 AVENUE
LAUDERHILL FL 33319**

2. Principal Place of Business

9804 NW 43 Street

3. Mailing Address

9804 NW 43 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, Florida

City & State

Sunrise, Florida

Zip

33351

Country

America

Zip

33351

Country

America



☒ CHECK HERE IF MAKING CHANGES

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

GOODWIN, JANICE

1620 NW 128 DRIVE #107

SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name

Janice Goodwin

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

9804 NW 43 Street

City

Sunrise

FL

Zip Code

33351

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, President

8/31/03

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 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MYLES, JANICE G**
STREET ADDRESS **1620 NW 128 DRIVE #107**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **D** ☐ Delete
NAME **TAYLOR, ORINTHIA**
STREET ADDRESS **1861 SW 164 AVE**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **D** ☐ Delete
NAME **GOODWIN, KAYDINE**
STREET ADDRESS **10003 WINDING LAKE ROAD #205**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☐ Delete
NAME **SHELTON, KIMBERLY**
STREET ADDRESS **13832 NW 10 COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **O** ☐ Delete
NAME **GARDINER, ROBIN**
STREET ADDRESS **6331 NW 11 STREET #15**
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☒ Change ☐ Addition
NAME **Janice Goodwin**
STREET ADDRESS **9804 NW 43 Street**
CITY-ST-ZIP **Sunrise, FL 33351**

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

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

Goodwin

8/31/03

954 748-5736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (4/03)