

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90061 011 ****61.25

DOCUMENT # N99000003664

1. Entity Name
RAINBOW OF NATIONS, INC.

Principal Place of Business 16810 NORTH EAST 4TH COURT NORTH MIAMI BEACH FL 33162	Mailing Address 16810 NORTH EAST 4TH COURT NORTH MIAMI BEACH FL 33162-3975
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0951348	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SALCEDO, CECILIA
16810 NORTH EAST 4TH COURT
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
 Name **Cecilia Salcedo**
 Street Address (P.O. Box Number is Not Acceptable) **16810 NE. 4TH CT**
North Miami Beach
 City **FL** Zip Code **33162**

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 Cecilia Salcedo/President/Executive Director 4/14/00
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peter E. Nefsky <input checked="" type="checkbox"/> Delete Incorporator
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Incorporator <input checked="" type="checkbox"/> Delete Peter E. Nefsky
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	president/Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cecilia Salcedo
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition georges SYLVAIN 13851 NE miami ct Miami 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition thomasina Smith 33181 13820 NE. 16th Miami
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Belores Williams 33179 18423 NE. 12th Miami
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carlos Fernan P.O. BOX. 640172 m. 33164-07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Cecilia Salcedo 4/14/00-305-651-0884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)