

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000225

1. Entity Name

RAINBOW IRIS, INC.

FILED

Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90104 023 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1080 94TH ST., APT. 501~~  
~~BAY HARBOR ISLAND FL 33154~~

~~1080 94TH ST., APT. 501~~  
~~BAY HARBOR ISLAND FL 33154~~

144 NE 99th Street  
Miami SHORES FL 33138

144 NE 99th Street  
Miami SHORES FL 33138

2. Principal Place of Business

3. Mailing Address

144 NE 99TH STREET

144 NE 99TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI SHORES, FL

City & State

MIAMI SHORES, FL

4. FEI Number

65-0983830

☒ Applied For

☐ Not Applicable

Zip

33138

Country

U.S.

Zip

33138

Country

U.S.

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

MONTILLAUD, MARIE C

~~1080 94TH ST., APT. 501~~

~~BAY HARBOR ISLAND FL 33154~~

144 NE 99th Street  
Miami SHORES,  
FL 33138

Name

MARIE C. MONTILLAUD

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

144 NE 99TH STREET

City

MIAMI SHORES

FL

Zip Code

33138

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MONTILLAUD, MARIE C  
CITY-ST-ZIP ~~1080 94TH ST., APT. 501~~ 144 NE 99th Street  
~~BAY HARBOR ISLAND FL 33154~~ Miami SHORES  
FL 33138

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS MARIE C. MONTILLAUD  
CITY-ST-ZIP 144 NE 99TH STREET  
MIAMI SHORES FL 33138

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

MARIE C. MONTILLAUD

305-2763

CR2E034 (9/99)