

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010744

1. Entity Name

RAINBOW ROOFING MATERIALS, INC.

Principal Place of Business

6825 SW 21ST COURT UNIT 2A  
DAVIE FL 33317

Mailing Address

6825 SW 21ST COURT UNIT 2A  
DAVIE FL 33317

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0980-309

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STORCHEVOY, LEONARD

2875 NE 191ST STREET PH-1B  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

MARC SEGAL

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

6825 SW 21ST COURT UNIT 2

City DAVIE

FL

Zip Code

33317

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

*M. Storchey*

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, 2001 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

TITLE PD  
NAME SEGAL, MARC  
STREET ADDRESS 9330 SW 10TH STREET  
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE VD  
NAME SEGAL, MARSHA  
STREET ADDRESS 9330 SW 10TH STREET  
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

*M. Storchey* A. SEGAL, MANAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 19, 2001 8:00 am  
Secretary of State

04-17-2001 90102 005 \*\*\*150.00

45256



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)