2/1/

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000042931 1. Entity Name. RAINBOW CONCRETE OF MIAMI, INC.						Mar 12, 2001 8:00 am Secretary of State 02-01-2001 90155 036 ***150.00				
Principal Place of Business 1321 SW 142ND AVE. MIAMI FL 33184		Mailing Address 1321 SW 142ND AVE. MIAMI FL 33184								
		•				# 18 1 78 4 34 (14 81 14) 17 114 1	LIFA BENDE NODEL BOTTE DEL)	ERN KINGK INDE	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NO	T WRITE IN THIS	SPACE		_
, City & State		City & State			4. FEI Number 65-1003468 Applied For Not Applicable]
Zip Country		Zip Cour		try 5. Certifica		entificate of Status Desired				
	6. Name and Address of Current	Registered Agent		-Name	7. 1	lame and Address of	New Registered	Agent		
GUZMAN, CIRILO A 1321 SW 142ND AVE.				2	Street Address (P.O. Box Number is Not Acceptable)					
MAN	H FL 33184			City		<u> </u>	FL	Zip Cod	e	-
9. The above	named entity submits this statement I	or the oursonse of changing if	le renieters	ed office or regis	stered an	ent, or both, in the Stat				1
Tax filing I	Signature, typed or printed name of registered agenoration is eligible to satisfy its Intangible requirement and elects to do so.		/!!! FEE		0:	10. Election Campa Trust Fund Con			O May Be I to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES T	O OFFICERS AND			5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Guzman, Cirilo A 1321 SW 142ND AVE. Miami Fl 33184	Delate		ŧ			j	☐ Change	☐ Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1 -				: [☐ Change	Addition	Š
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		- 1	<u> </u>	مداین باه سید. ساید داریخان		- Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ,	☐ Defeite		l l				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	e et address -st-zip				☐ Change	Addition	
13. I hereby of indicated of the corchanged. SIGNAT	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address.	h this filling does not qualify fistrue and accurate and that sowered to execute this repowith all other like empowere	or the exer my signa- rt as reodi d.	mplion stated in ture shall have the rold by Chapter		119.07(3XI), Florida Sta legal effect as if made da Statutes; and that m	lutes. I further cei under oath; that I ly name appears i	tify that the ir am an officer n Block 11 or -3453	nformation or director Block 12 if	,