

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90113 020 ***150.00

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1. Entity Name

RAINBOW MEDIATORS & LEGAL SERVICES, INC.



Principal Place of Business
**800 W. CYPRESS CREEK RD
SUITE 502
FORT LAUDERDALE FL 33309**

Mailing Address
**800 W. CYPRESS CREEK RD
SUITE 502
FORT LAUDERDALE FL 33309**

2. Principal Place of Business

LAW OFFICES

3. Mailing Address

LAW OFFICES

Suite, Apt. # **JEROME R SIEGEL, PA.**

Suite, Apt. # **JEROME R SIEGEL, PA.**

500 W CYPRESS CREEK RD, SUITE 300

500 W CYPRESS CREEK RD, SUITE 300

City & State **FORT LAUDERDALE, FL 33309**

City & State **FORT LAUDERDALE, FL 33309**

Zip

Country

Zip

Country

4. FEI Number **65-1124017**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Acceptable)

JEROME R SIEGEL, PA.

500 W CYPRESS CREEK RD, SUITE 300

City

FORT LAUDERDALE, FL 33309

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SIEGEL, JEROME R	
STREET ADDRESS	100 W. CYPRESS CREEK RD SUITE 300	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	JEROME R SIEGEL, PA.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 W CYPRESS CREEK RD, SUITE 300	
STREET ADDRESS	FORT LAUDERDALE, FL 33309	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 (954) 229-2226

CR2E034 (10/02)