

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90527 003 ***150.00

DOCUMENT # P00000079002

1. Entity Name
CLASSIC - RAINBOW GROUP INC.



Principal Place of Business

~~3625 N.W. 31ST AVENUE~~
~~OAKLAND PARK FL 33309~~

Mailing Address

~~3625 N.W. 31ST AVENUE~~
~~OAKLAND PARK FL 33309~~

2. Principal Place of Business

1901 NW 18 St

Suite, Apt. #, etc.
Bldg. D-North

City & State
Pompano Beach

Zip
33069

Country
Broward

3. Mailing Address

1901 NW 18 St

Suite, Apt. #, etc.
Bldg. D-North

City & State
Pompano Beach

Zip
33069

Country
Broward



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1036726**

Applic For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOTCHEK, MAURICE
6576 SWEET MAPLE LANE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

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

City

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 *Maurice Kotchek*

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

(NOTE: Registered Agent signature required when reinstating)

3/19/03

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 **P** ☐ Delete
NAME **KOTCHEK, MAURICE**
STREET ADDRESS **6576 SWEET MAPLE LANE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VP** ☐ Delete
NAME **MONCINE, FRANK**
STREET ADDRESS **23273 NEW COACH WAY**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

11. 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

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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

3/19/03

Date

Daytime Phone #

CR2E034 (10/02)