

**2001 UNIFORM BUSINESS REPORT (UBR)**

*Amended: # 61.25*

DOCUMENT # *P00000101773*

1. Entity Name

RAINBOW INDUSTRIES CORPORATION

**FILED**  
01 SEP 12 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7724 N.W. 64 ST.,  
MIAMI, FL 33166-2705

SAME

2. Principal Place of Business

3. Mailing Address

7724 N.W. 64 STREET.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

MIAMI, FL

65-1052223

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

33166-2705 MIAMI-DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIA SAN ANASTASIO  
11500 N.W. 87 COURT  
HIALEAH GARDENS, FL 33018-1905

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	V	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	ROBERTO M. GARCIA	
CITY-ST-ZIP	235 W. 16 STREET HIALEAH, FL 33010	
TITLE NAME	P/T/S	<input type="checkbox"/> Delete
STREET ADDRESS	MARIA SAN ANASTASIO	
CITY-ST-ZIP	11500 N.W. 87 COURT HIALEAH GARDENS, FL 33018-1905	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	EDUARDO J. BERNET	
CITY-ST-ZIP	9901 N.W. 9 STREET CIR-2 MIAMI, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	MARIELA V. BERNET	
CITY-ST-ZIP	9901 N.W. 9 STREET CIR-2 MIAMI, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	P/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MARIA SAN ANASTASIO	
CITY-ST-ZIP	11500 N.W. 87 COURT HIALEAH GARDENS, FL 33018-1905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

300004593379--4  
-09/17/01-01001-023  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

T. LINDS SEP 17 2001

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:

*Maria San Anastasio*  
MARIA SAN ANASTASIO

09/06/01

(305) 471-4445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/100)