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# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 29 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000101773

1. Entity Name  
**RAINBOW INDUSTRIES CORPORATION**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**8100 W OKEECHOBEE RD.**  
Suite, Apt. #, etc.

3. Mailing Address  
**8100 W OKEECHOBEE RD**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**HIALEAH GARDENS**

City & State  
**HIALEAH GARDENS**

4. FEI Number **65-1052223**  
Applied For  
Not Applicable

Zip  
**33016-2113**

Country  
**MIAMI-DADE**

Zip  
**33016-2113**

Country  
**MIAMI-DADE**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **SAN ANASTASIO, MARIA**

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

**14131 NW 84 CRT, # 4101**

City **MIAMI LAKES** **FL** Zip Code **33016-1543**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reconstituting)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

**PRSD**  
TITLE: **SAN ANASTASIO, MARIA**  
NAME: **SAN ANASTASIO, MARIA**  
STREET ADDRESS: **14131 NW 84 CRT # 4101**  
CITY-ST-ZIP: **MIAMI LAKES, FL 33016-1543**

~~10/24/02-01085-020 \*\*150.75~~

✓ TITLE: **BERNET, EDUARDO J**  
NAME: **BERNET, EDUARDO J**  
STREET ADDRESS: **9901 NW 9 STREET CIR-2**  
CITY-ST-ZIP: **MIAMI FL 33172**

~~100008575801~~  
~~10/24/02-01085-020 \*\*150.00~~

✓ TITLE: **BERNET, MARIALA V**  
NAME: **BERNET, MARIALA V**  
STREET ADDRESS: **9901 NW 9 STREET CIR-2**  
CITY-ST-ZIP: **MIAMI FL 33172**

**DO NOT WRITE IN THIS SPACE**

✓ TITLE: **VILLAMANAN, RICHARD**  
NAME: **VILLAMANAN, RICHARD**  
STREET ADDRESS: **14131 NW 84 CRT, # 4101**  
CITY-ST-ZIP: **MIAMI LAKES FL 33016-1543**

**DO NOT WRITE IN THIS SPACE**

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

~~100008575801~~  
~~10/24/02-01085-020 \*\*150.75~~

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like information.

SIGNATURE: Richard Villamanan **Richard Villamanan** **MANAGING DIRECTOR** **10/02/02** **(305) 512-3919**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

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**RAINBOW INDUSTRIES CORPORATION**

PH: 305- 512-3919

FAX: 305- 512-0979

E-mail: info@rainbowindustries.net

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

RE: 2002 UBF.

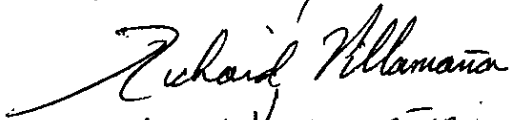
~~OUR FIRST NOTICE WAS NOT RECEIVED~~

~~BY YOU.~~

SO PLEASE ACCEPT THIS COMPUTER GENERATED  
FORM.

THANKING YOU IN ADVANCE FOR YOUR  
COOPERATION.

SINCERELY

  
Richard Villamanan  
10/02/02