

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90731 028 \*\*\*158.75

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**DOCUMENT # P00000101773**

1. Entity Name

**RAINBOW INDUSTRIES CORPORATION**



Principal Place of Business

**8100 W. OKEECHOBEE ROAD  
HIALEAH GARDENS FL 33016-2113**

Mailing Address

**8100 W. OKEECHOBEE ROAD  
HIALEAH GARDENS FL 33016-2113**

2. Principal Place of Business

3. Mailing Address

**9750 N.W. 79th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hialeah Gardens, FL**

City & State

**Hialeah Gardens, FL**

Zip

Country

Zip

Country

**33016**

**Miami-Dade**

6. Name and Address of Current Registered Agent

**SAN ANASTASIO, MARIA**

**14131 NW 84TH COURT, #401**

**MIAMI LAKES FL 33016-1543**

7. Name and Address of New Registered Agent

Name

**San Anastasio, Maria**

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

**10355 N.W. 133rd St.**

City

**Hialeah Gardens**

**FL**

Zip Code

**33018**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDC SAN ANASTASIO, MARIA 14131 NW 84TH COURT, #4101 MIAMI LAKES FL 33016-1543	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDC, VS San Anastasio, Maria 10355 N.W. 133rd St. Hialeah Gardens, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERNET, EDUARDO J 9901 N.W. 9 STREET CIR-2 MIAMI FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNET, MARIALA V 9901 N.W. 9 STREET CIR-2 MIAMI FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M VILLAMANAN, RICHARD 14131 NW 84TH COURT, #4101 MIAMI LAKES FL 33016-1543	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Villamanan, Richard 10355 N.W. 133rd St. Hialeah Gardens, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Richard Villamanan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/03 (305) 512-3919  
Date Daytime Phone #

CR2E034 (10/02)