

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90098 038 \*\*\*558.75

**DOCUMENT # P01000025194**

1. Entity Name  
**RAINBOW'S PROMISE, INC.**

Principal Place of Business

5709 RYWOOD DRIVE  
 ORLANDO FL 32810

Mailing Address

5709 RYWOOD DRIVE  
 ORLANDO FL 32810

2. Principal Place of Business

**4270 Aloma Ave. #200**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 120**

City & State

**Winter Park, FL**

4. FEI Number

**59-3705259**

Applied For

Not Applicable

Zip

**32792**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**A.G.C. CO.**  
**200 SOUTH ORANGE AVENUE**  
**SUNTRUST CENTER SUITE 2300**  
**ORLANDO FL**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE **President** ☐ Delete  
 NAME **Carlos R. Cardona**  
 STREET ADDRESS **5709 Rywood Dr**  
 CITY-ST-ZIP **Orlando FL 32810**

TITLE **Treasurer** ☐ Delete  
 NAME **Arlene Cardona**  
 STREET ADDRESS **5709 Rywood Dr**  
 CITY-ST-ZIP **Orlando FL 32810**

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

12. 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

TITLE ☐ Change ☐ Addition  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**Carlos R. Cardona**

**9/12/02**

**(407) 678-5353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)