

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90055 006 ***158.75

DOCUMENT # P01000104016

1. Entity Name

RAINBOW REALTY & PROPERTY MANAGEMENT, INC.

Principal Place of Business

**1865 KENNEDY CAUSEWAY
 #2-F
 NORTH BAY VILLAGE FL 33141**

Mailing Address

**1865 KENNEDY CAUSEWAY
 #2-F
 NORTH BAY VILLAGE FL 33141**

2. Principal Place of Business

13499 Biscayne Blvd

3. Mailing Address

PO Box 610733

Suite, Apt. #, etc.

Tower Suite 2

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33181

Country

USA

Zip

33261

Country

USA

4. FEI Number

30-0000544

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SMITH, PHILIP JR.

1865 KENNEDY CAUSEWAY

#2-F

NORTH BAY VILLAGE FL 33141

Name

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

11960 N.E. 19th Drive

Apt. # 3

City

North Miami

FL

Zip Code

33181

7. Name and Address of New Registered Agent

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, type 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, 2002 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

TITLE **P** ☐ Delete
 NAME **SMITH, PHILIP JR.**
 STREET ADDRESS **1865 KENNEDY CAUSEWAY #2-F**
 CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

TITLE **V** ☐ Delete
 NAME **SMITH, PHILIP JR.**
 STREET ADDRESS **1865 KENNEDY CAUSEWAY #2-F**
 CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

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 **P** ☒ Change ☐ Addition
 NAME **Smith, Philip Jr. #3**
 STREET ADDRESS **11960 NE 19th Drive (address only)**
 CITY-ST-ZIP **North Miami, FL 33181**

TITLE **V** ☐ Change ☐ Addition
 NAME **Smith, Philip Jr**
 STREET ADDRESS **11960 NE 19 Drive #3 (address only)**
 CITY-ST-ZIP **North Miami, FL 33181**

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

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

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)