2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90054 007 ***150.00

DOCUMENT # P01000114207

1. Entity Name
RAINBOW STAR FASHION, INC.

Principal Place of Business	Mailing Address
513 N.W 94 st Miami, Fl. 33150	513 N.W. 94 st. Miami Fl. 33150

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
27 S.W. 19 AV	7105 S.W 8 st
Suite, Apt. #, etc.	Suite, Apt. #, etc. 103
City & State: Miami Fl	City & State: Miami Fl
Zip: 33135 Country	Zip: 33144 Country

4. FEI Number: 65-115 5830 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DILVA, HECTOR R. 513 N.W. 94 st. Miami Fl. 33150	Name: SILVA, HECTOR R. Street Address (P.O. Box Number is Not Acceptable): 27 S.W. 19 AV Miami City: FL Zip Code: 33150

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: H Silva
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SILVA HECTOR R 513 N.W. 94 st. Miami Fl. 33150 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 27 S.W. 19 AV. Miami, Florida 33150
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ARTILES, MARTA R. 513 N.W. 94 st Miami Fl. 33150 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD QUESADA ROSARIO 513 N.W 94 st. Miami Fl. 33150 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: H Silva 4/24/02 (305) 226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #