

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-08-2003 90058 034 ***150.00

DOCUMENT # P02000012473



1. Entity Name
THE RAINBOW GIRLS, INC.

Principal Place of Business
**20231 NORTHEAST 10TH COURT
NORTH MIAMI BEACH FL 33179**

Mailing Address
**20231 NORTHEAST 10TH COURT
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0705407

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**EGUSQUIZA, JOHN E
9130 SOUTH DADELAND BLVD
SUITE 1209
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **DORA SARLI**
Street Address (P.O. Box Number is Not Acceptable)
20231 NE 10 Ct.
City **Miami FL** Zip Code **33179**

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

[Signature] **Dora Estela Sarli** **1-21-03**

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	P	<input type="checkbox"/> Delete
NAME	SARLI, DORA E	
STREET ADDRESS	20231 NE 10TH COURT	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	V	<input type="checkbox"/> Delete
NAME	VAN CAMP, JEAN	
STREET ADDRESS	20231 NE 10TH COURT	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

305 655 0140

Daytime Phone #

CR2E034 (10/02)