

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name

Rainbow Concrete of Dade, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1321 SW 142 Ave.

Suite, Apt. #, etc.

3. Mailing Address

1321 SW 142 Ave

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33184

Country

USA

Zip

33184

Country

USA

4. FEI Number

65-0456450

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75**

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7. Name and Address of Current Registered Agent

Name

Cirilo Guzman

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

1321 SW 142 Ave.

City

Miami

FL

Zip Code

33184

**DO NOT WRITE
IN THIS SPACE**

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, 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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00

0000000000

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Maggie Prado PD
1321 SW 142 Avenue
Miami, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Cirilo Guzman, V
1010 NE 138th Street
Miami FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Carlos Rodriguez Dir
5172 NW 5 Street
Miami FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CIRILO GUZMAN

01-01-03

Date

(305) 345-3125

Daytime Phone #

FILED

03 JAN - 9 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/09/03--01003--001 **1508.75

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CR2E034B (12/01)