

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044723

1. Entity Name

RAINBOW TOURS, INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90044 049 ***150.00

Principal Place of Business

11581 NW 87TH PLACE
MIAMI FL 33016

Mailing Address

11581 NW 87TH PLACE
MIAMI FL 33016

2. Principal Place of Business

8470 NW 68 ST.

3. Mailing Address

8470 NW 68 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0498469

Applied For

Not Applicable

Zip

Country

33166

Dade

Zip

Country

33166

Dade

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ALVAREZ, ELIA

11581 NW 87TH PLACE
MIAMI FL 33016

7. Name and Address of New Registered Agent

Name

Evelyn Leon

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

8470 NW 68 ST.

City

Miami, FL

FL

Zip Code

33166

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

Evelyn G. Leon

Signature, typed or printed name of registered agent and title 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, 2001 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 PVS ☒ Delete
NAME ALVAREZ, ELIA
STREET ADDRESS 11581 NW 87TH PLACE
CITY-ST-ZIP MIAMI FL 33016

TITLE T ☒ Delete
NAME LEON, ELIZABETH
STREET ADDRESS 6001 SW 94TH AVE
CITY-ST-ZIP MIAMI FL 33173

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 Pres, Vice-Pres. - Sec. ☐ Change ☒ Addition
NAME Evelyn Leon
STREET ADDRESS 6001 SW 94TH AVE
CITY-ST-ZIP Miami, FL 33173

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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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:

Evelyn G. Leon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-01

Daytime Phone #

CR2E034 (10/00)