

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086585

1. Entity Name

MICHAEL'S OVER THE RAINBOW, INC.

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90491 006 \*\*\*150.00

Principal Place of Business

11211 SPRING HILL DR.  
 SUITE G  
 SPRING HILL FL 34609  
 US

Mailing Address

11257 HOLBROOK STREET  
 SPRING HILL FL 34609

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 **59-3282406**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PENAHERRERA, CELSO  
 11257 HOLBROOK STREET  
 SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

(NOT) 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!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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 **PD** ☐ Delete  
 NAME **PENAHERRERA, CELSO**  
 STREET ADDRESS **11257 HOLBROOK STREET**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **VD** ☐ Delete  
 NAME **PENAHERRERA, ROSA**  
 STREET ADDRESS **11257 HOLBROOK STREET**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 is 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:

*Carlo Puel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-01

Date

(352) 688-9577

Daytime Phone #

CR2E034 (10/00)