

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000057376****1. Entity Name**  
**RAINBOW C.H. INTERNATIONAL CORP.****FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**03-20-2001 90105 001 \*\*\*150.00  
03-20-2001 90105 002 \*\*\*\*\*8.75**Principal Place of Business**  
8315 NW 64 ST  
BAY NO. 6  
MIAMI FL 33166  
US**Mailing Address**  
8763 SW 146 ST  
MIAMI FL 33176  
US**2. Principal Place of Business****3. Mailing Address**

8315 NW 64 ST

11950 S.W 137 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay # 6

City & State  
Miami, FLCity & State  
Miami, FL**4. FEI Number** 65-0595672

Applied For

Not Applicable

Zip  
33166Country  
U.S.Zip  
33186Country  
U.S.**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**DIAZ, HENRY  
8763 SW 146 ST  
MIAMI FL 33176Name  
Diaz, Henry  
Street Address (P.O. Box Number is Not Acceptable)  
11950 S.W 137 Terr  
City  
Miami FL Zip Code  
33186**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**  (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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS</b> DIAZ, HENRY 8763 SW 146 ST MIAMI FL 33176	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> DIAZ, JOSE RAMON 8763 SW 146 ST MIAMI FL 33176	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> MORET CLAUDIA 8763 SW 146 ST MIAMI FL 33176	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS</b> DIAZ, Henry 11950 SW 137 Terr. Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> Diaz, Jose Ramon 11950 SW 137 Terr Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> Moret Claudia 11950 SW 137 Terr Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/13/01 (305) 2331356  
Date Daytime Phone #

CR2E034 (10/00)