2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # P95000072243 1. Entity Name RAINBOW FOUNDATION, INC. 05-24-2000 90089 024 ***150.00 Principal Place of Business Mailing Address 1300 E. HILLSBORO BLVD 1300 E. HILLSBORO BLVD 102900 DEERFIELD BEACH FL 33441-4234 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Hollsborg Blub 1360 B 1300 E HILLSBURD BLUD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE # 103 City & State Applied For City & State 4. FEI Number 65-0608077 BeAcy FL Deenfield eenfill in Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33441 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOWARD, RICH Street Address (P.O. Box Number is Not Acceptable) 1300 E HILLSBORO BOVD #102 **DEERFIELD BEACH FL 33441** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DVP ☐ Delete ☐ Change Addition TITLE TITLE RICH, HOWARD NAME NAME 5009 NW 97 DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33442** CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition GOLDMAN, HOWARD STREET ADDRESS 32323 LAKE CR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS MI 48025** TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIF ☐ Delete TITLE Change Addition NAME 🦡 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmer

Daytime Phone #