

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91013 016 ***150.00

DOCUMENT # P96000002504

1. Entity Name

~~RAINBOW PAINTING & REMODELING, INC.~~
RAINBOW PAINTING R, INC.

Principal Place of Business

4720 OAKES RD.

STE 8

FORT LAUDERDALE FL 33314

Mailing Address

4720 OAKES RD.

STE 8

FORT LAUDERDALE FL 33314

2. Principal Place of Business

2844 STIRLING ROAD

3. Mailing Address

2844 STIRLING ROAD

(Suite) Apt. #, etc.

K

(Suite) Apt. #, etc.

K

City & State

HOLLYWOOD FLORIDA

City & State

HOLLYWOOD FLORIDA

Zip

33020

Country

BROWARD

Zip

33020

Country

BROWARD

4. FEI Number

65-0632734

Applied For

Not Applicable

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

ZUIDA, RAMI

4720 OAKES RD

FT LAUDERDALE FL 33314

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ZUIDA, RAMI
CITY-ST-ZIP 4720 OAKES RD
FT LAUDERDALE FL 33314

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMI ZUIDA/PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-03 (954) 584-5840

CR2E034 (10/02)