

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000000632

1. Entity Name

Rainbow Concrete of South Florida, Inc

Principal Place of Business

Mailing Address

1321 SW. 142nd Ave
Miami, Florida 33184

1321 SW. 142nd Ave
Miami, Florida 33184

2. Principal Place of Business

1321 SW. 142nd Ave

Suite, Apt. #, etc.

3. Mailing Address

1321 SW. 142nd Ave

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number

650717592

Applied For

Not Applicable

Zip 33184

Country US

Zip 33184

Country US

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

Prado, Ariel Jr
1321 SW. 142nd Ave
Miami, Florida 33184

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.

(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

TITLE PD ☐ Delete
NAME Prado, Ariel Jr
STREET ADDRESS 1321 SW. 142nd Ave
CITY-ST-ZIP Miami, Florida 33184

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

TITLE VD ☐ Delete
NAME Prado, Ariel Sr
STREET ADDRESS 18925 SW. 248 ST
CITY-ST-ZIP Homestead, Florida 33031

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

TITLE SD ☐ Delete
NAME Prado, Adrian
STREET ADDRESS 18925 SW. 248 ST
CITY-ST-ZIP Homestead, Florida 33031

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Ariel Prado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-01

Date

305-552-0114

Daytime Phone #

C0042801

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)