

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90235 021 ***150.00

DOCUMENT # **P97000075473**

1. Entity Name

RAINBOW CASH AND CARRY, INC.



Principal Place of Business
275 WEST 25 STREET
HIALEAH FL 33010

Mailing Address
275 WEST 25 STREET
HIALEAH FL 33010

94074730



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

50-2520329

Approved For

Not Applicable

Zip

Country

Zip

Country

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

LOPEZ, LUIS
275 WEST 25 STREET
HIALEAH FL 33010

Name

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

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. 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

Check/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

TITLE ☐ Delete
NAME **D LOPEZ, LUIS**
STREET ADDRESS **19325 E. ST. ANDREWS DR.**
CITY-STATE-ZIP **MIAMI FL 33015**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **D LOPEZ, MIGUEL**
STREET ADDRESS **16521 NW F2 PL**
CITY-STATE-ZIP **MIAMI FL 33016**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **D VALDEZ, JOSE A**
STREET ADDRESS **573 W. 63 ST.**
CITY-STATE-ZIP **HIALEAH FL 33012**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **D CANDELARIO, VICTOR H**
STREET ADDRESS **559 W. 63 ST.**
CITY-STATE-ZIP **HIALEAH FL 33012**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-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 11. If changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Report - 4/26/04