## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000088498** THE RAINBOW FINANCE, INC. Principal Place of Business Mailing Address 2034 SE 37TH CT CIR 전략 SE 37TH CT CIR OCALA FL 34471-5692 CCALA FL 34471

3. Mailing Address

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

12.

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

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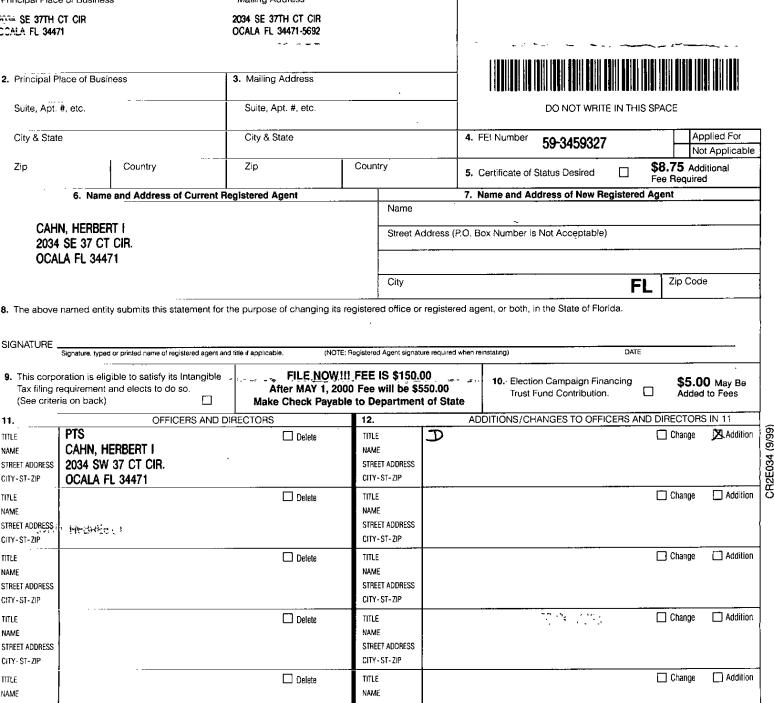
Name

City & State

Zip

## Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90103 032 \*\*\*150.00



13. I hereby certify that the information supplied with this filling 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 pring like empowered?

CITY-ST-ZIP

2. Principal Place of Business

CAHN, HERBERT I

2034 SE 37 CT CIR. OCALA FL 34471

9. This corporation is eligible to satisfy its Intangible

CAHN, HERBERT I

OCALA FL 34471

Mediate . 1

2034 SW 37 CT CIR.

Tax filing requirement and elects to do so.

(See criteria on back)

PTS

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME

TITLE

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition