

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090237

1. Entity Name

RAINBOW TEXTILE PROCESSING, INC.

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90041 040 ***150.00

0618184 AT

Principal Place of Business

Mailing Address

5100 NW 165TH ST
 MIAMI FL 33014
 US

1875 MCCARTER HWY
 ATTN: LISA FREED. ESQ.
 NEWARK NJ 07104
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0790615

Applied 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

HASPEL, MARVIN
 5100 NW 165TH ST
 MIAMI FL 33014

Name

Safer, Albert

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

1500 S. Ocean Blvd. Suite S901

City

Boca Raton,

FL

Zip Code
33432

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

Albert Safer

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, 2002 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 **P** ☐ Delete
 NAME **SAFER, ALBERT**
 STREET ADDRESS **1875 MCCARTER HIGHWAY**
 CITY-ST-ZIP **NEWARK NJ 07104**

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

TITLE **V** ☐ Delete
 NAME **NEUER, PHILIP D ESQ**
 STREET ADDRESS **1875 MCCARTER HIGHWAY**
 CITY-ST-ZIP **NEWARK NJ 07104**

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

TITLE **SV** ☐ Delete
 NAME **HERMANN, STEVEN**
 STREET ADDRESS **1875 MCCARTER HIGHWAY**
 CITY-ST-ZIP **NEWARK NJ 07104**

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

TITLE **AS** ☐ Delete
 NAME **SAFER, SYLVIA**
 STREET ADDRESS **1875 MCCARTER HWY.**
 CITY-ST-ZIP **NEWARK NJ 07104**

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

TITLE **T** ☐ Delete
 NAME **WACHSMAN, RICHARD**
 STREET ADDRESS **1875 MCCARTER HWY.**
 CITY-ST-ZIP **NEWARK NJ 07104**

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

TITLE **S** ☐ Delete
 NAME **NEUER, PHILIP D**
 STREET ADDRESS **1875 MCCARTER HWY.**
 CITY-ST-ZIP **NEWARK NJ 07104**

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:

SIGNATURE REQUIRED

Albert Safer, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)