

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035431

1. Entity Name

RAINBOW RIDER PRODUCTIONS, INC.

Principal Place of Business

1511 NE 32 COURT
POMPANO BEACH FL 33064

Mailing Address

1511 NE 32 COURT
POMPANO BEACH FL 33064-1817

2. Principal Place of Business

4110 NW 8 Terrace
Suite, Apt. #, etc.

3. Mailing Address

4110 NW 8 Terr.
Suite, Apt. #, etc.

City & State

Pomp. Bch., FL

Zip
33064

Country
USA

City & State

Pompano Bch., FL

Zip
33064

Country
USA

4. FEI Number

65-0850208

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

Name

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

4110 NW 8 Terrace

City

Pompano Bch., FL

Zip Code

33064

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

Daniel Cellucci Daniel Cellucci 4-25-00

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	CELLUCCI, DANIEL	
STREET ADDRESS	1511 NORTHEAST 32 CT.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COSTA, STEVEN	
STREET ADDRESS	4848 NORTHWEST 24 COURT #313	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME	Cellucci, Brenda	
STREET ADDRESS	4110 NW 8 Terr.	
CITY-ST-ZIP	Pomp. Bch., FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4110 N.W. 8 Terrace	
CITY-ST-ZIP	Pompano Bch., FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cellucci, Brenda	
STREET ADDRESS	4110 NW 8 Terr.	
CITY-ST-ZIP	Pomp. Bch., FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Daniel Cellucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Cellucci 785-3073
Date Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90179 036 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)