2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000027134 Sep 19, 2000 8:00 am 1. Entity Name RAINBOW RETIREMENT LIVING, INC. Secretary of State 03-10-2000 90038 017 ***150.00 Mailing Address Principal Place of Business 999-WASHINGTON AVENUE 999 WASHINGTON AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address 11190 Bissayne Blud DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Tower Applied For 4. FEI Number City & State City & State 65-0908660 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent the August 1995 to the second WASSERMAN, MARTIN W ESQ. Street Address (P.O. Box Number is Not Acceptable) 999 WASHINGTON AVENUE MIAMI BEACH FL 33139 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PD TITLE Addition ☐ Delete TITLE MICHEL, JACK J NAME NAME STREET ADDRESS STREET ADDRESS 999 WASHINGTON AVENUE CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33139 Addition ☐ Change ☐ Delete TITLE TITLE ESFORMES, PHILIP NAME STREET ADDRESS 999 WASHINGTON AVENUE STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition ☐ Delete TITLE NAME - - ----STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trug 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 emphysized 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 ad

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RAINBOW RETIREMENT LIVING, INC. 11190 BISCAYNE BLVD., NORTH TOWER NORTH MIAMI, FLORIDA 33181 305-895-4899

September 11, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl. 32302-1500

Dear Sir or Madam:

I have enclosed for filing our corporation's 2000 UBR. We previously filed this document several months ago and enclosed a check for the \$150 filing fee, which check was cashed. However, I was informed yesterday that the filing was not accepted because it was missing the corporation's FEIN number.

We did not receive any notification that the original filing was not accepted. Accordingly, we request that any additional late fees be waived and that the attached filing be accepted without any additional fees.

If you have any questions, please contact the undersigned. Thank you for your cooperation.

Sincerely,

Norman J. Ginsparg Director of Finance