

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 14, 2001 8:00 am**  
**Secretary of State**

06-14-2001 90013 027 \*\*\*150.00

**DOCUMENT # P99000027134**

1. Entity Name

**RAINBOW RETIREMENT LIVING, INC.**

(LA)



DO NOT WRITE IN THIS SPACE

Principal Place of Business

999 WASHINGTON AVENUE  
 MIAMI BEACH FL 33139

Mailing Address

11190 BISCAYNE BLVD  
 NORTH TOWER  
 NORTH MIAMI FL 33181  
 US

2. Principal Place of Business

75 E. 7th

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

4. FEI Number

65-0908660

Applied For

Not Applicable

Zip

33010

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WASSERMAN, MARTIN W ESQ.  
 999 WASHINGTON AVENUE  
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Norman J. Ginsparg

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

11190 Biscayne Blvd

City

North Miami

FL

Zip Code

33181

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

*Norman J. Ginsparg*, Registered Agent

4-20-01

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MICHEL, JACK J	
STREET ADDRESS	999 WASHINGTON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ESFORMES, PHILIP	
STREET ADDRESS	999 WASHINGTON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7031 SW 62 AVE	
CITY-ST-ZIP	South Miami, FL 33143	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3737 W. Arthur	
CITY-ST-ZIP	Lindwood, FL 33077	
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		
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:

*Jack J. Michel*

4-24-01

305-284-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



Attachment  
A0073206

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 16, 2001

RAINBOW RETIREMENT LIVING, INC.  
11190 BISCAYNE BLVD  
NORTH TOWER  
NORTH MIAMI, FL 33181 US

Subject: RAINBOW RETIREMENT LIVING, INC.

Reference  
Number:

P99000027134

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION