

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90015 030 ***150.00

DOCUMENT # P99000069787

1. Entity Name
SOUTHERN RAINBOW CORPORATION

Principal Place of Business 1480 N.W. 94TH AVE. MIAMI FL 33172	Mailing Address 1480 N.W. 94TH AVE. MIAMI FL 33172
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **65-0955041** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**RUBIN, DEBRA M ESQ
 LAW OFFICES OF MICHAEL A. RUBIN, P.A.
 420 S. DIXIE HWY, STE. #4B
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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)

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	DP	<input type="checkbox"/> Delete
NAME	CAICEDO, HERNANDO	
STREET ADDRESS	1480 N.W. 94TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CAICEDO, MARGARITA	
STREET ADDRESS	1480 N.W. 94TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALFARO, BETTY	
STREET ADDRESS	1480 N.W. 94 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
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	7300 Corporate Center Drive	
STREET ADDRESS	Suite 304	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7300 Corporate Center Drive	
STREET ADDRESS	Suite 304	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7300 Corporate Center Drive	
STREET ADDRESS	Suite 304	
CITY-ST-ZIP	MIAMI, FL 33126	
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 Betty Alfaro **2/22/01 305-418-4080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)