

2001 UNIFORM BUSINESS REPORT (UBR) *AMENDED*

DOCUMENT # **PA9000070403**

1. Entity Name

Rainbow Springs Natural Water Comp

08-07-2001 90011 026 ***61.25

FILED P99000070403

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 16 AM 10:31

C0075025

DO NOT WRITE IN THIS SPACE

Principal Place of Business **Karen Isalque**
10501 SW 99 Ave
MIAMI, FL. 33176

Mailing Address **Karen Isalque**
10501 SW 99 Ave.
Miami, FL.
33176

2. Principal Place of Business

Same

3. Mailing Address

7026 SW 46 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL.

4. FEI Number

65-0968056

Applied For

Not Applicable

Zip

Country

Zip

Country

33155

USA

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

Karen Isalque
10501 SW 99 Ave.
Miami, FL. 33176

Name **Pam Macfadden**

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

7026 SW 46 St.

City

Miami, FL.

FL

Zip Code

33155

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

Pam Macfadden

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7.28.01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Delete
NAME **Karen Isalque**
STREET ADDRESS **10501 SW 99 Ave**
CITY-ST-ZIP **Miami, FL. 33176**

TITLE **Director** ☒ Change ☐ Addition
NAME **Pam Macfadden**
STREET ADDRESS **7026 SW 46 St.**
CITY-ST-ZIP **Miami, FL. 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Pam Macfadden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.28.01

Date

305-275-1332

Daytime Phone #

CR2E034 (11/00)