

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083429

1. Entity Name

HEAVEN'S RAINBOW, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90306 002 ***150.00

Principal Place of Business

814 S.W. 2ND COURT
 FORT LAUDERDALE FL 33312

Mailing Address

814 S.W. 2ND COURT
 FORT LAUDERDALE FL 33312-7107

2. Principal Place of Business

814 SW 2nd Court

3. Mailing Address

914 SW 2nd Ct #1A

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

Apt 1A

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale

Zip

33312

Country

USA

Zip

33312

Country

USA

4. FEI Number

65-0978241

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

~~FILEINGS, INC.~~
 3732 N.W. 16TH STREET
 FT. LAUDERDALE FL 33311-4132

Name

JUSTINE LAKE

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

814 SW 2nd Ct

City

Ft. Lauderdale

FL

Zip Code

33312

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 JUSTINE LAKE

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

NOTE: Registered Agent signature required when reinstating

DATE

4/27/00

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
D HARVEY, GEORGETTE T 814 S.W. 2ND COURT FORT LAUDERDALE FL 33312		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
D LAKE, JUSTINE M 814 S.W. 2ND COURT FORT LAUDERDALE FL 33312		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

Georgette Harvey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/00

Daytime Phone #

954-763-6226