

9/15/00-90016-022-\$150.00-\$150.00

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000093302**

1. Entity Name

OVER THE RAINBOW CREATIONS INC.*R*FILED
SECRETARY OF STATE
VISION OF CORPORATION

00 OCT 24 AM 11:13

R001047J



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3955 JOG ROAD BOX 101 LAKE WORTH FL 33467		Mailing Address 3955 JOG ROAD BOX 101 LAKE WORTH FL 33467	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Filing Number <i>Applied For</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOLOMON, KENNETH 3955 JOG ROAD LAKE WORTH FL 33467		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>D</i> SOLOMON KENNETH <i>3955 JOG RD</i> <i>LAKE WORTH FL</i>			
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
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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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *SK***SKENAZHISAGLORED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

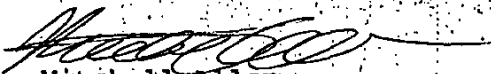
Attachment
P99000093302
A0078479

MITCHELL ALLEN
CERTIFIED PUBLIC ACCOUNTANT
7365 N.W. 60TH LANE
PARKLAND, FL. 33067
(954) 341-5199

September 11, 2000

Dear Sir or Madam:

I spoke to Shawn from your office explaining that the Uniform Business Report was sent to your office at the end of April before the filing deadline. Shawn explained to me that a large amount of reports come to your office at this time and there is a problem with reports not getting filed and checks lost by your office. Shawn told me to send the enclosed report along with a check for \$150.00. Thank you in advance for your help in solving this problem,



Mitchell Allen,
C.P.A.