

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47405

1. Entity Name

RAINBOW ENTERPRISES OF BROWARD, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90082 021 ***150.00

Principal Place of Business

215 LA COSTA CT
104
FT LAUDERDALE FL 33326
US

Mailing Address

215 LA COSTA COURT
104
FT LAUDERDALE FL 33326-1489
US

2. Principal Place of Business

215 La Costa CT
Suite, Apt. #, etc.

3. Mailing Address

215 La Costa CT
Suite, Apt. #, etc.

City & State

FT-Lauderdale, FL
Zip Country
33326-1489 USA

City & State

FT-Lauderdale, FL
Zip Country
33326-1489 USA

4. FEI Number

65-0340507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SYLVAIN, BEAULIEU
~~4316 REFLECTIONS BLVD N~~
~~#104~~
~~SUNRISE FL 33351~~

7. Name and Address of New Registered Agent

Name

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

215 La Costa CT

City FT-Lauderdale

FL

Zip Code 33326-1489

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 \$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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SYLVAIN, BEAULIEU | |
| STREET ADDRESS | 4316 REFLECTIONS BLVD. N 104 | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OBERT, NATHALIE | |
| STREET ADDRESS | 4316 RELECTIONS BLVD. N, 104 | |
| CITY-ST-ZIP | SUNRISE FL | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 |
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| 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:

Nathalie Obert Nathalie Obert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

(954) 349-0630

Daytime Phone #

CR2E034 (9/99)