

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K19102

1. Entity Name

TROPICAL RAINFORESTS, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90334 040 ***150.00

Principal Place of Business

8245 WHITE ROCK CIRCLE
BOYNTON BEACH FL 33436
US

Mailing Address

8245 WHITE ROCK CIRCLE
BOYNTON BEACH FL 33436
US

C0030661



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5048 LANTANA ROAD

3. Mailing Address

SAM

Suite, Apt. #, etc.

5201

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

4. FEI Number

65-0057730

Applied For

Not Applicable

Zip

33463

Country

Palm Beach

Zip

Country

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

SARKA, MICHAEL
8245 WHITE ROCK CIRCLE
BOYNTON BEACH FL 33436

Name

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

City

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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	OD SARKA, MICHAEL 8245 WHITE ROCK CIRCLE BOYNTON BEACH FL 33436	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)