2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90020 012 ***150.00

0394698 AV

DOCUMENT # K19102

1. Entity Name
TROPICAL RAINFORESTS, INC.

Principal Place of Business	Mailing Address
5048 LANTANA ROAD #5201 LAKE WORTH FL 33463 US	8245 WHITE ROCK CIRCLE BOYNTON BEACH FL 33436 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9240 Winding Woods Drive	← SAme
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAke Worth Fl.	City & State
Zip: 33467 / Country: Palm Beach	Zip / Country

4. FEI Number 65-0057730 ☐ 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
SARKA, MICHAEL 8245 WHITE ROCK CIRCLE BOYNTON BEACH FL 33436	Name: SARKA Michael Street Address (P.O. Box Number is Not Acceptable): 9240 Winding Woods Dr. LAke Worth Fl. City FL Zip Code 33467

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 1-22-02 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, 2002 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARKA Michael 9240 Winding Wood Drive LAke Worth Fl. 33467	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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] SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-22-02 Date 561-432 8868 Daytime Phone #