

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

**5048 LANTANA ROAD
 #5201
 LAKE WORTH FL 33463
 US**

Mailing Address

**8245 WHITE ROCK CIRCLE
 BOYNTON BEACH FL 33436
 US**

2. Principal Place of Business

3. Mailing Address

9240 Winding Woods (same) **← SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH FL.

City & State

LAKE WORTH FL.

4. FEI Number

65-0057730

Applied For

Not Applicable

Zip

33467

Country

Palm Beach

Zip

33467

Country

US

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

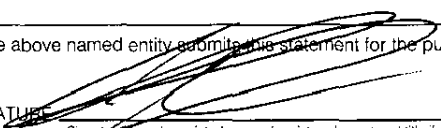
6. Name and Address of Current Registered Agent

**SARKA, MICHAEL
 8245 WHITE ROCK CIRCLE
 BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

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 admits 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

1-22-02

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**

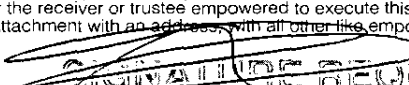
11. OFFICERS AND DIRECTORS

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		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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

1-22-02 561-432 8868

Date

Daytime Phone #

CR2E034 (9/01)