

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000107089**

1. Entity Name

RAIN FOREST TRAVEL INC.**FILED**
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90005 015 ***158.75

Principal Place of Business

Mailing Address

4545 NW 103RD. AVE..STE.203
SUNRISE FL 33051**4545 NW 103RD. AVE..STE.203**
SUNRISE FL 33051

2. Principal Place of Business

3. Mailing Address

4545 NW 103rd AVE**4545 NW 103rd AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 203**STE 203**

City & State

City & State

SUNRISE FL**SUNRISE FL**

Zip

Zip

Country

Country

33351**USA****33351****USA**

4. FEI Number

65-100-1045

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

TAPIGLIANI, CARLOS A
4545 NW 103RD. AVE..STE.203
SUNRISE FL 33051

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

04.20.009. 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 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
PSD
TAPIGLIANI, CARLOS A
338 NE 152ND LANE
PEMBROKE PINES FL 33028 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
KOIKE, FERNANDO
761 BLUE RIDGE WAY
DAVIE FL 33325 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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

04.20.00

Date

(954) 7460089

Daytime Phone #