

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90051 021 ***150.00

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DOCUMENT # P00000087922

1. Entity Name
FORTUNE BAMBOO INC.

Principal Place of Business	Mailing Address
4901 SW 133 AVE. MIAMI FL 33175	4901 SW 133 AVE. MIAMI FL 33175

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 52-2274694	Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AOUN, DAVID
4901 SW 133 AVE.
MIAMI FL 33175

7. Name and Address of New Registered Agent

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: David Aoun DAVID AOUN DATE: 1-20-02

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

<p>TITLE PD <input type="checkbox"/> Delete</p> <p>NAME AOUN, DAVID</p> <p>STREET ADDRESS 4901 SW 133 AVE.</p> <p>CITY-ST-ZIP MIAMI FL 33175</p>	<p>TITLE VP <input type="checkbox"/> Delete</p> <p>NAME TOMINAGA, BEATRIZ</p> <p>STREET ADDRESS 4901 SW 133 AVE.</p> <p>CITY-ST-ZIP MIAMI FL 33175</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
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<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>

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: DAVID AOUN DATE: 1-20-02 DAYTIME PHONE #: 305 2263620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/01)