

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90013 005 \*\*\*150.00

0845164 SP

DOCUMENT # **P01000020105**

1. Entity Name  
**RAINFORST THERAPEUTICS INC.**

Principal Place of Business  
**3020 N FED HWY. SUITE 11-B  
 FT LAUDERDALE FL 33306**

Mailing Address  
**3020 N FED HWY. SUITE 11-B  
 FT LAUDERDALE FL 33306**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**C/o Maria T Cerasani**  
 Suite, Apt. # etc.  
**81 NE 47 Ct**

3. Mailing Address  
**C/o Maria T Cerasani**  
 Suite, Apt. # etc.  
**81 NE 47 Ct**

City & State  
**Ft Lauderdale FL**

City & State  
**Ft Lauderdale FL**

4. FEI Number  
**65-1099789**

Applied For  
 Not Applicable

Zip Country  
**33334 USA**

Zip Country  
**33334 USA**

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

**CERASANI, MARIA T**  
**3020 N FED HWY, SUITE 11-B**  
**FT LAUDERDALE FL 33306**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**81 NE 47 Ct**  
 City **Ft Lauderdale** **FL** Zip Code **33334**

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 *Maria Cerasani Pres*

DATE **3/14/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CERASANI, MARIA T</b> <b>3020 N FED HWY, SUITE 11-B</b> <b>FT LAUDERDALE FL 33306</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>81 NE 47 ST</b> <b>Ft Lauderdale FL 33334</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Maria Cerasani Pres*

DATE **3/2/02** DAYTIME PHONE # **(934) 491-8036**

CPRE034 (9/01)