

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90217 023 ***150.00

DOCUMENT # P01000020105

1. Entity Name
RAINFOREST THERAPEUTICS INC.



Principal Place of Business
C/O MARIA T CEMSANI
81 NE 47 CT
FORT LAUDERDALE FL 33334

Mailing Address
C/O MARIA T CEMSANI
81 NE 47 CT
FORT LAUDERDALE FL 33334



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
C/O MARIA T CEMSANI

3. Mailing Address
C/O Maria T. Cerasani

Suite, Apt. #, etc.
81 NE 47 Court

Suite, Apt. #, etc.
81 NE 47 Court

City & State
FL Lauderdale, FL

City & State
FL Lauderdale, FL

Zip
33334

Country
USA

Zip
33334

Country
USA

4. FEI Number **65-1079789**

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

CERASANI, MARIA T
81 NE 47 CT
FORT LAUDERDALE FL 33334

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria Cerasani - Pres/Director*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/18/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CERASANI, MARIA T**
STREET ADDRESS **81 NE 47 ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Cerasani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03

Date

(954) 491-8036

Daytime Phone #

CR2E034 (10/02)