2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am P01000030458 DOCUMENT # **Secretary of State** 1. Entity Name 02-21-2002 90141 028 ***150.00 RAINFOREST WONDERS, INC. Principal Place of Business Mailing Address 4930 N.W. 74TH PLACE 4930 N.W. 74TH PLACE COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1111589 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Γ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Christine Jacobsen Pendleton KING, KIMBERLY L Street Address (P.O. Box Number is Not Acceptable) 3501 S.W. 2ND AVENUE Services heast Accounting + **SUITE 2500** 113 EAST Atlantic Blud. **GAINESVILLE FL 32607** Zip Code 33060 Pompano 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 1-8-02 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) Delete ☐ Addition Change TITLE ALFARO, ARNOLDO E N NAME 4930 NW 74th Place 11144 BOCA WOODS LANE STREET ADDRESS ST EET ADDRESS Coconut Creek, FL 33073 **BOCA RATON FL 33428** CITY-ST-ZIP CI -ST-ZIP Change ☐ Delete ☐ Addition TITLE CRUZ, JOANNA G NAME 4930 NW 74th Place 1114 BOCA WOOD LANE STREET ADDRESS EET ADDRESS **BOCA RATON FL 33428** -ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE NAME ET ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS ET ADDRESS CITY-ST-ZIP -ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS EET ADDRESS CITY-ST-ZIP -ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS REET ADDRESS CITY-ST-7/P 13. I hereby certify that the information supplied with this filing does not qualify for the elemption 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 recluired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

RWOLDO ALFARO SIGNATURE:

changed, or on an attac