

SEP-11-01 TUE 11:17 AM 9DM9780.0W6532X7DB4JPU7

09-18-01 17:00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011645

1. Entity Name

Rain Forest Pharmaceuticals, Inc.

Principal Place of Business Mailing Address
1173 Hillsboro Mile 1173 Hillsboro Mile
Hillsboro Beach, FL Hillsboro Beach, FL
33062 33062-1527
US US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. HEI Number

65-0555788

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

Edwards, Robert
1173 Hillsboro Mile
Hillsboro Beach, FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purposes 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 date if applicable

(NOTE: Registered Agent signature required when addressing)

DATE

9. This corporation is obligated to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

☐

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May be
Added in Fees

11. OFFICERS AND DIRECTORS

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTDS
Edwards, Robert
1173 Hillsboro Mile
Hillsboro Beach, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROTOLO, ROBERT B.
1173 Hillsboro Mile
Hillsboro Beach, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VOLPE, JUDITH ANN M.D.
1173 Hillsboro Mile
Hillsboro Beach, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALARID, ANNA P. DR.
1173 Hillsboro Mile
Hillsboro Beach, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this report or supplemental report is true and correct 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 file 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT EDWARDS

9/11/01

1-954-570-9400

Signature Here

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90014 031 ***550.00

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DO NOT WRITE IN THIS SPACE

CP25034(11/02)