

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099803

1. Entity Name

RAINFOREST DESIGNS AND CONSULTING, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90060 005 ***150.00

Principal Place of Business

Mailing Address

11999 SW 248 ST
MIAMI FL 33032
US

11999 SW 248 ST
MIAMI FL 33032-5903
US

2. Principal Place of Business

3. Mailing Address

9990 SW 77TH AVE.

9990 SW 77TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

209

209

City & State

City & State

MIAMI - FL

MIAMI - FL

Zip

Country

Zip

Country

33156

US

33156

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0727597

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

HART, DAVID J
100 N. BISCAYNE BLVD.
SUITE 2600
MIAMI FL 33132

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS DE MELLO, TOMAS B
CITY-ST-ZIP 24150 SW 119TH AVENUE
PRINCETON FL 33032

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS DE MELLO, TOMAS B
CITY-ST-ZIP 8650 SW 167 AVE # 1021
MIAMI - FL - 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/06/00 (786) 268-2778

CR2E034 (9/99)