

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90030 007 ***550.00

DOCUMENT # P97000059183

1. Entity Name

RAINFOREST SPECIALTY CAGES, INC.

Principal Place of Business

**8331 W ATLANTIC BLVD
 CORAL SPRINGS FL 33071
 US**

Mailing Address

**PO BOX 2241
 IRVINDALE CA 91706
 US**

2. Principal Place of Business

2701 Kimball Ave

3. Mailing Address

2701 Kimball Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pomona, Ca

City & State

Pomona, Ca

Zip

91767

Country

US

Zip

91767

Country

US

4. FEI Number

65-0768418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE **PD** ☐ Delete
 NAME **STEGNER, STEVE**
 STREET ADDRESS **4100 N. POWERLINE RD. W-3**
 CITY-ST-ZIP **POMPANO BEACH FL 33073**

TITLE **ST** ☐ Delete
 NAME **SEGNER, CONNIE**
 STREET ADDRESS **4100 N. POWERLINE RD. W-3**
 CITY-ST-ZIP **POMPANO BEACH FL 33073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Segner, Steve**
 STREET ADDRESS **2701 Kimball Ave**
 CITY-ST-ZIP **Pomona, Ca - 91767**

TITLE **ST** ☒ Change ☐ Addition
 NAME **Segner, Connie**
 STREET ADDRESS **2701 Kimball Ave**
 CITY-ST-ZIP **Pomona, Ca - 91767**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

CONNIE SEGNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

917101 904-603-9308

Date

Daytime Phone #