UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State
05-29-2002 93594 001 ***150.00

DOCUMENT # P98000027089

1. Entity Name

RAIN TREE MANOR INC.

DO NOT WRITE IN THIS SPACE

38784

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2. Principal Place of Business	3. Mailing Address
17853 63RD Road North	17853 63RD Road North
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Loxahatchee, Florida	City & State: Loxahatchee, Florida
Zip: 33470 Country: USA	Zip: 33470 Country: USA

4. FEI Number: 65-0840917 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JORGE R. LOPEZ

Street Address (P.O. Box Number is Not Acceptable): LOPEZ ACCOUNTING & FINANCIAL GROUP, INC. 4047 Okeechobee Blvd. Suite 125

City: WEST PALM BEACH FL Zip Code: 33409-5

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: Jorge R. Lopez
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE: 07-10-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	ROSALIE BAGOO
STREET ADDRESS	17853 63RD ROAD NORTH
CITY-ST-ZIP	LOXAHATCHEE FL 33470

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rosalie Bagoo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16 2002
Date

561-791-7588
Daytime Phone #