

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

0123978

DOCUMENT # P99000033059

1. Entity Name
RHINO ECOSYSTEMS, INC.

04-11-2001 90008 033 ***150.00

Principal Place of Business Mailing Address
40 TROWERS RD **1800 S OCEAN BLVD. #207**
UNIT #1 **POMPANO BEACH FL 33062**
WOODBIDGE ONTARIO CA L4L- 7K6



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2455 E. SUNRISE BLVD.

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 905

City & State City & State
FT. LAUDERDALE, FLORIDA

4. FEI Number **65-0939751** Applied For
 Not Applicable

Zip Country Zip Country
33304 **UNITED STATES**

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

6. Name and Address of Current Registered Agent
GREEN, RICHARD P
2455 E. SUNRISE BLVD., SUITE 905
FT. LAUDERDALE FL 33304

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 _____ (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, 2001 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 WIERTZEMA, MARK**
 STREET ADDRESS **40 TROWERS RD. WOODBRIDGE**
 CITY-ST-ZIP **ONTARIO L4L 7K6, CANADA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D NOVAK, GORDAN**
 STREET ADDRESS **40 TROWERS RD., WOODBRIDGE**
 CITY-ST-ZIP **ONTARIO L4L 7K6, CANADA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WALSH, JAN**
 STREET ADDRESS **40 TROWERS RD., WOODBRIDGE**
 CITY-ST-ZIP **ONTARIO L4L 7K6, CANADA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **DIRECTOR WILF GOLDLUST**
 STREET ADDRESS **40 TROWERS RD.**
 CITY-ST-ZIP **WOODBIDGE, ONTARIO L4L 7K6 CANADA**

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
 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: **MARK WIERTZEMA** *Mark Wiertzema*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/15/01** Daytime Phone # **(905) 264-0198**

CR2E034 (10/00)