

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033059

1. Entity Name

RHINO ECOSYSTEMS, INC.

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

04-11-2001 90008 033 ***150.00

Principal Place of Business

40 TROWERS RD
UNIT #1
WOODBIDGE ONTARIO CA L4L- 7K6

Mailing Address

1800 S OCEAN BLVD. #207
POMPANO BEACH FL 33062

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

Zip

Country

Zip

Country

33304

UNITED STATES



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0939751

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

GREEN, RICHARD P
2455 E. SUNRISE BLVD., SUITE 905
FT. LAUDERDALE FL 33304

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, 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 D ☐ Delete
NAME 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 D ☐ Delete
NAME 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 D ☐ Delete
NAME 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
STREET ADDRESS WILF GOLDBLUST
CITY-ST-ZIP 40 TROWERS RD.
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/01 (905) 264-0198

0123978

CR2E034 (10/00)