

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90015 033 \*\*\*150.00

0201438

**DOCUMENT # P99000070436**

1. Entity Name  
**AMAZON RIVER JUNGLE, INC.**

Principal Place of Business  
**905 BRICKELL BAY DRIVE #1930  
 MIAMI FL 33131**

Mailing Address  
**905 BRICKELL BAY DRIVE #1930  
 MIAMI FL 33131**

2. Principal Place of Business  
**MIAMI**

3. Mailing Address  
**905 Brickell Bay Dr**

Suite, Apt. #, etc.  
**# 1930**

Suite, Apt. #, etc.

City & State  
**MIAMI**

City & State

Zip  
**33131**

Country  
**USA**

Zip  
 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0940038** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**HONORATO, ELIANE RITTA**  
**905 BRICKELL BAY DRIVE #1930**  
**MIAMI FL 33131**

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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD HONORATO, ELAINE RITTA 905 BRICKELL BAY DRIVE #1930 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ACCOUNTING HONORATO HELENY 905 BRICKELL BAY DR # 1270 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elaine Ritto Honorato* **03/25/02** (305) 371-7871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)