

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90154 024 ***150.00

DOCUMENT # P99000106765

1. Entity Name

RAINFOREST REHABILITATION, INC.

Principal Place of Business

**4221 NORTH STATE RD.7
 LAUDERDALE LAKES FL 33319**

Mailing Address

**4221 NORTH STATE RD.7
 LAUDERDALE LAKES FL 33319**

2. Principal Place of Business

4221 N. STATE RD. 7
 Suite, Apt. #, etc.

3. Mailing Address

4221 N. STATE RD. 7
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAUD. LAKES FL

City & State

LAUD. LAKES FL

4. FEI Number

65-0984108

Applied For

Not Applicable

Zip

33319

Country

USA

Zip

33319

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PALOWSKI, FRANK J DR
 4221 N STATE RD 7
 MIAMI FL 33179**

7. Name and Address of New Registered Agent

**NAME: PALOWSKI, FRANK J. DR
 STREET ADDRESS (P.O. Box Number is Not Acceptable): 4221 N. STATE RD. 7
 CITY: LAUD. LAKES
 FL Zip Code: 33319**

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOLOWSKI, FRANCIS	
STREET ADDRESS	4221 NORTH STATE RD.7	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLOWSKI, FRANCIS	
STREET ADDRESS	4221 N. STATE RD. 7	
CITY-ST-ZIP	LAUD. LAKES FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)