

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107086

1. Entity Name

RAIN FOREST IMPORT-EXPORT CORP.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90004 033 ***158.75

Principal Place of Business

4545 NBW 103RD AVE.,STE.203
 SUNRISE FL 33051

Mailing Address

4545 NBW 103RD AVE.,STE.203
 SUNRISE FL 33051

2. Principal Place of Business

4545 NW 103rd Ave, Suite 203

Suite, Apt. #, etc.

Suite 203

City & State

Sunrise, FL

Zip

33351

Country

USA

3. Mailing Address

4545 NW 103rd Ave.

Suite, Apt. #, etc.

Suite 203

City & State

Sunrise, FL

Zip

33351

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-100-1048

Applied For

Not-Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KOIKE, FERNANDO
 4545 NBW 103RD AVE.,STE.203
 SUNRISE FL 33051

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

Fernando Koike

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/00

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, 2000 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	PSD	<input type="checkbox"/> Delete
NAME	KOIKE, FERNANDO	
STREET ADDRESS	761 BLUE RIDGE WAY	
CITY - ST - ZIP	DAVIE FL 33325	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	TAPIGLIANI, CARLOS A	
STREET ADDRESS	338 N.W. 152ND LANE	
CITY - ST - ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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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	<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
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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:

Fernando Koike

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

954-746-0536

Daytime Phone #

CR2E034 (9/99)