

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91272 012 ***150.00

DOCUMENT # L26938	
1. Entity Name FUTURISTICS ENTERPRISES, INC	

Principal Place of Business 4263 NW 12TH STREET LAUDERHILL FL 33313	Mailing Address 4263 NW 12TH STREET LAUDERHILL FL 33313
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0164323	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent FENTON, ORAL 9200 NW 31ST PL SUNRISE FL 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DP ☐ Delete
NAME	FENTON, ORAL
STREET ADDRESS	4263 NW 12TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL 33313
TITLE	DV ☐ Delete
NAME	CUSHNIE, DAVID
STREET ADDRESS	402 SW 75TH AVE
CITY-ST-ZIP	N. LAUDERDALE NY
TITLE	DV ☐ Delete
NAME	ARMSTRONG, BALDWIN
STREET ADDRESS	630 OCEAN AVE., #2H
CITY-ST-ZIP	BROOKLYN NY
TITLE	DV ☐ Delete
NAME	GORDON, GLADSTONE
STREET ADDRESS	3396 YELLOWFIN LN
CITY-ST-ZIP	MARGATE FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oral Fenton* **DATE:** 4/28/03 **DAYTIME PHONE #:** 954 792-1448

CR2E034 (10/02)