

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB 25 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P01000016224

1. Entity Name
FUTURE ENTERPRISES MIAMI, INC.

Principal Place of Business
6790 SW 14TH STREET
MIAMI, FL 33144

Mailing Address
6790 SW 14TH STREET
MIAMI, FL 33144



2. Principal Place of Business

3. Mailing Address

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
91-2110125

Applied For -
Not Applicable

Zip Country

Zip Country

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

JIMENEZ, MANUEL
6790 SW 14TH STREET
MIAMI, FL 33144

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

B. 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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
As of 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME HIDALGO, ANA E
STREET ADDRESS 6790 SW 14TH STREET
CITY-ST-ZIP MIAMI, FL 33144

TITLE Change Addition
NAME 000013090730
STREET ADDRESS 02/25/03--01047--004
CITY-ST-ZIP **150.00

TITLE D Delete
NAME JIMENEZ, MANUEL A
STREET ADDRESS 6790 SW 14TH STREET
CITY-ST-ZIP MIAMI, FL 33144

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME JIMENEZ, MANUEL
STREET ADDRESS 6790 SW 14TH STREET
CITY-ST-ZIP MIAMI, FL 33144

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

TITLE Delete
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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

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:

Manuel A. Jimenez MANUEL A. JIMENEZ 2/20/03 305 662 8493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (1/0/02)

2/26