

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90130 027 ***150.00

DOCUMENT # P01000112717

1. Entity Name

FUTURE PROPERTIES, INC

Principal Place of Business

Mailing Address

931 VILLAGE BLVD., SUITE 162
W. PALM BCH FL 33409

931 VILLAGE BLVD., SUITE 162
W. PALM BCH FL 33409

2. Principal Place of Business

3. Mailing Address

~~1116~~ 1116 LAKE TERR
Suite, Apt. #, etc.

PO BOX 111
Suite, Apt. #, etc.

City & State
BOYNTON BEACH FL

City & State
LAKEWORTH FL

4. FEI Number

01-0550083

Applied For

Not Applicable

Zip
33426

Country
PALM BEACH

Zip
33460

Country
PALM BEACH

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

MINERVINI, CHUCK

1116 LAKE TERR. 112-G

BOYNTON BCH FL 33426

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MINERVINI, CHUCK 931 VILLAGE BLVD., SUITE 162 W. PALM BCH FL 33409	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BESSE, CONSTANCE 931 VILLAGE BLVD., SUITE 162 W. PALM BCH FL 33409	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINERVINI, KATHERINE 931 VILLAGE BLVD., SUITE 162 W. PALM BCH FL 33409	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHUCK MINERVINI 1116 LAKE TERRACE APT 112-G BOYNTON BEACH FL 33426	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONSTANCE BESSE 201 1/2 SECOND AVE SOUTH LAKE WORTH FL 33460	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KATHERINE MINERVINI 1116 LAKE TERRACE APT 112-G BOYNTON BEACH FL 33426	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

Chuck Minervini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/11/02 86370-5190

CR2E034 (9/01)