

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-09-2003 90039 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **367526**

1. Entity Name
FINANCIAL FUTURES, INC.



Principal Place of Business
**8541 S.W. 84TH TERR.
MIAMI FL 33143-6921**

Mailing Address
**8541 S.W. 84TH TERR.
MIAMI FL 33143-6921**

55051950

2. Principal Place of Business

8541 SW 84TH TR

3. Mailing Address

8541 SW 84TH TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Miami, FL 33143

City & State

Miami, FL 33143

4. FEI Number

59-1298910

Applied For
Not Applicable

Zip
33143

Country
USA

Zip
33143

Country
USA

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

**KAPLAN, LAWRENCE
8541 S.W. 84TH TR.
MIAMI FL 33143**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
KAPLAN, LAWRENCE
8541 S.W. 84TH TR.
MIAMI FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KAPLAN, JEAN P.
8541 S.W. 84TH TR.
MIAMI FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/03

305-2748342

Date

Daytime Phone

CR2034 (4/03)

attachment

55051950
#367524

Attachment

7-21-03

#367526

Jean P. Kaplan

Fl. Dept. of State
Div. of Corp.
Tallahassee, FL
RE-367526

Sirs:

Mr. Kaplan has been ailing the past
6 months and is now hospitalized
since 7-7-03. We don't believe
he received the ~~the~~ form in Jan.
because based on his past
history of prompt payments for
30 years - he would have paid the
necessary amounts. We ask that
you mail the bill for \$400.