

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006772

1. Entity Name
FUTURISTIC VACATIONS, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90069 042 ***150.00

Principal Place of Business
110 E BROWARD BLVD
SUITE 1101
FT LAUDERDALE FL 33301
US

Mailing Address
110 E BROWARD BLVD
SUITE 1101
FT LAUDERDALE FL 33301
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0696127**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SMITH, DENNIS D
TRIPP, SCOTT, CONKLIN & SMITH
110 SE 6TH STREET
FT LAUDERDALE FL 33301

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 _____ (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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CDCE	EGAN, MICHAEL	333 EAST LAS OLAS BLVD	FT LAUDERDALE FL 33301	<input type="checkbox"/>
S	ARTHUR, ROSALIE	333 EAST LAS OLAS BLVD	FT LAUDERDALE FL 33301	<input type="checkbox"/>
P	HANRATTY, JOHN	110 E BROWARD BLVD	FORT LAUDERDALE FL 33031	<input type="checkbox"/>
T	ALLEN, CELESTE V	110 E BROWARD BLVD	FORT LAUDERDALE FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CDCE	Egan, Michael	110 E. Broward Blvd.	Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Arthur Rosalie	110 E. Broward Blvd.	Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: [Signature] President

3/28/01 (954) 522 1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)