

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K30918**

1. Entity Name

FUTURE GENERATIONS, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90124 020 ***150.00

Principal Place of Business

1098 BISCAYNE BLVD.
SUITE 302
N. MIAMI FL 33161

Mailing Address

P. O. BOX 61-1207
N. MIAMI FL 33261-1207
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI

Zip

Country

Zip

Country

4. FEI Number

65-0078256

Applied For

Not Applicable

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

GEARTNER, CLARK
11098 BISCAYNE BLVD.
SUITE 302
NORTH MIAMI FL 33161

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 State10. 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
VP
ZAWADZKI, PAUL ☐ Delete
3600 N.E. 24TH AVENUE
FT. LAUDERDALE FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
11098 BISCAYNE BLVD, SUITE 302
MIAMI, FL 33161TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GEARTNER, CLARK ☐ Delete
11098 BISCAYNE BLVD STE 302
N. MIAMI FL 33161TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
MIAMITITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LOBKOWITZ, MARTIN ☐ Delete
11098 BISC. BLVD. SUITE 302
NORTH MIAMI FL 33161TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
MIAMITITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

3. 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 REQUIRED**CLARK GEARTNER****1/15/02****305-891-6383**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)