## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 29, 2002 8:00 am Secretary of State K44653 **DOCUMENT #** 1. Entity Name FUTURE ENTERPRISES OF THE PALM BEACHES, INC. 04-29-2002 90212 027 \*\*\*150 00 Principal Place of Business Mailing Address % WANDA S. BUCHANAN % WANDA S. BUCHANAN 1966 W-9TH-ST. STE A-1966-W-9TH-ST:-STE\_A RIVIERA BCH. FL 33404 --RIVIERA BCH, FL 33404 2. Principal Place of Business 3. Mailing Address same Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0087107 Not Applicable Zìp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUCHANAN, WANDA S. Street Address (P.O. Box Number is Not Acceptable) -1966-W-9TH-ST-STE-A.... BIVIERA BCH. FL 33404.... 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete 8211 Needles Drive Halm Beach Gardes #13 Al Change 41 Grand Bay Circle Owns Beach, Fil 33408 Change TITLE NAME BUCHANAN, WANDA S. NAME 1966 W 9TH ST. STE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA-BCH: FL CITY-ST-ZIP TITLE ☐ Delete TITLE CUSUMANO, ROBERT L. NAME NAME 1966 W-OTH ST. STE A. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA BCH. FL. CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition NAME

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP