

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 99000001898
1. Entity Name
 FUTURE EQUITIES, L.L.C.

Principal Place of Business 2650 Biscayne Blvd
 Miami FL 33137
Mailing Address 2650 Biscayne Blvd
 Miami FL 33137

2. Principal Place of Business
 Suite, Apt. #, etc.
3. Mailing Address
 Suite, Apt. #, etc.
City & State

Zip **Country** **Zip** **Country**

APPROVED AND FILED
 00 MAR 28 AM 11:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 [Signature]
 DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SANDBERG, NEAL L ESQ
 2650 Biscayne Blvd
 Miami FL 33137

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** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	Operating Manager	<input type="checkbox"/> Delete
NAME	MESTRE, TOMAS A	
STREET ADDRESS	14201 S.W. 248TH ST	
CITY-ST-ZIP	REDLANDS FL 33032	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANTONIO	
STREET ADDRESS	14201 S.W. 248th Street	
CITY-ST-ZIP	Homestead, FL 33032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9000003205069--3	
CITY-ST-ZIP	-04/12/00--01009--014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	*****55.00 *****55.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] Pres. 3-14-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)