

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M65011**

1. Entity Name

**FUTURCOM, INC.****FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90064 050 \*\*\*150.00

0188253

Principal Place of Business  
**104 S CRANDON BLVD**  
**424**  
**KEY BISCAVNE FL 33149**  
**US**

Mailing Address  
**104 S CRANDON BLVD**  
**424**  
**KEY BISCAVNE FL 33149**  
**US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0210039**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**NATIONAL REGISTERED AGENTS INC.**  
**501 BRICKELL KEY DRIVE**  
**SUITE 200**  
**MIAMI FL 33131**

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 \_\_\_\_\_  
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>DPT</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLER, FRANCISCO R (F)</b>	NAME	
STREET ADDRESS	<b>120 BUTTONWOOD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KEY BISCAVNE FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DVS</b>	NAME	
STREET ADDRESS	<b>SOLER, ANA PICAZA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>120 BUTTONWOOD</b>	CITY-ST-ZIP	
CITY-ST-ZIP	<b>KEY BISCAVNE FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Frank Soler* **FRANK SOLER** 4/14/01 **(305) 444-5678**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)