03 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -9 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003729

1. Entity Name
Better Future, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7000 W 12 Ave	
Suite, Apt. #, etc.: 17	Suite, Apt. #, etc.
City & State: Hialeah Florida	City & State
Zip: 33014 Country: USA	Zip Country

4. FEI Number: 65-1015282 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ivan Hernandez

Street Address (P.O. Box Number is Not Acceptable): 12374 NW 98 PL

City: Hialeah Gardens FL Zip Code: 33018

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	President, Director Juan Socorro 1340 W Flagler St Miami Fl 33145	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	900017113650 04/25/03--01082--001 **61.25
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Vice President Maria Elena Amador 12374 NW 98 PL Hialeah Gardens, Fl 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Mercy Alvarez 7240 SW 4TH Miami Fl 33167	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Legal Advisor ADA Barreto Esq. 710 Lejeune Rd. Miami Fl 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ivan Hernandez 4-22-03 305-815-1674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 5/15