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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Mar 30, 2001 8:00 am DOCUMENT # P0000010234 **Secretary of State** THE REAL FUTURE CORPORATION 03-30-2001 90322 045 ***150.00 Principal Place of Business Mailing Address 2355 AHCH CREEK DRIVE 2355 ARCH CREEK DRIVE NORTH-MIAMI-FL-33181— 1935 CALAIS DA NORTH MIAMI FL 33181 MiAMi Beach, Fil. 33141 2. Principal Place of Business 3. Mailing Address 1935 Calais 11930 North Bayshore Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE APT#2506 4. FEI Number City & State City & State Applied For Miami Beach North Miam Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDRA SAVINI SANDRA SAVINI SANDRA SAVINI SAVINI, CLAUDIA Street Address (P.O. Box Number is Not Acceptable) 11-9-3-C N. BAYSHORE 2355 ARCH CREEK DRIVE NORTH MIAMI FL 33181 City No. MIAMI 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 e if applicable (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00-9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) ☐ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE TITLE ☐ Delete SAVINI, CLAUDIA 11930 N. BAYSHORE DR. #506 SAVINI, CLAUDIA NAME NAME STREET ADDRESS STREET ADDRESS 2355 ARCH CREEK DRIVE No. MIAMI, FL 33181 CITY-ST-ZIP CiTY-ST-ZIP NORTH MIAMI FL 33184 MANAGA O SAUINI 11930 N.Ba SECRETARY Change SAVINI, SANDRA 11930 N. BAYSHORE DR., #506 TITLE Delete TITLE SANDRA NAME NAME STREET ADDRESS STREET ADDRESS No MIAMI, FL 33181 . CITY-ST-ZIP CITY-ST-ZIP). MIANI TITLE ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ 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