

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Mar 03, 2003 8:00 am  
Secretary of State

03-03-2003 90500 006 \*\*\*150.00

DOCUMENT # P00000010234

1. Entity Name  
**THE REAL FUTURE CORPORATION**



Principal Place of Business

~~1005 GALAIS DR.~~  
~~MIAMI FL 33141~~

Mailing Address

~~11930 NORTH BAYSHORE DR.~~  
~~APT 506~~  
NORTH MIAMI FL 33181

2. Principal Place of Business

**2355 ARCH CRK DR.**  
Suite, Apt. #, etc.

3. Mailing Address

**2355 ARCH CRK DR.**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

**N. MIAMI, FL**

City & State

**N. MIAMI, FL**

4. FEI Number

**65-0997189**

Applied For

Not Applicable

Zip

**33181**

Country

**USA**

Zip

**33181**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~SAVINI, SANDRA~~  
~~11930 N BAYSHORE DRIVE~~  
~~#506~~  
~~NORTH MIAMI FL 33181~~

7. Name and Address of New Registered Agent

Name **CLAUDIA SAVINI**  
Street Address (P.O. Box Number is Not Acceptable)  
**2355 ARCH CREEK DR.**  
City **N. MIAMI, FL** Zip Code **33181**

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

**FILE NOW!!! FEE IS \$150.00.**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAVINI, CLAUDIA 11930 N BAYSHORE DRIVE # 506 NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAVINI, SANDRA 11930 N BAYSHORE DRIVE # 506 MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CSIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/14/03 Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)