

**FOR PROFIT CORPORATION 2002
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000032967

1. Entity Name

Business Solutions of The Future, INC

FILED

02 AUG -6 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8392 D TIENT CT

3. Mailing Address

8392 D TIENT CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number

65-1028076

Applied For

Not Applicable

Zip
33433

Country

Zip
33433

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jonathan Mogor

Street Address (P.O. Box Number is Not Acceptable)

8392 D TIENT CT

City

Boca Raton

FL

Zip Code

33433

**DO NOT WRITE
IN THIS SPACE**

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.

Jonathan Mogor Pres

5-1-02

(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)

☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Jonathan Mogor 8392 D TIENT CT BOCA RATON FL 33433
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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan Mogor

Date

Daytime Phone #

5-1-02 561.482.4682