

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90029 039 \*\*\*150.00

**DOCUMENT # P00000044775**

1. Entity Name

**FUTURISTIC INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

**8371 S.W. 148 PLACE  
MIAMI FL 33193**

**8371 S.W. 148 PLACE  
MIAMI FL 33193**

2. Principal Place of Business

3. Mailing Address

**8371 S.W. 148 PL.**

**610 N.W. 132 PL.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**- N/A -**

**- N/A -**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33193**

Country

**DADE**

Zip

**33182**

Country

**DADE**

4. FEI Number

**65-1041345**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARA, MARVIN  
8371 S.W. 148 PLACE  
MIAMI FL 33193**

Name

**ALONSO IEREZ**

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

**610 N.W. 132 PL.**

City

**MIAMI**

FL

Zip Code

**33182**

8. The above named entry 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

**04/25/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D LARA, MARVIN 8371 S.W. 148 PLACE MIAMI FL 33193</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LARA, JOSE 8371 S.W. 148 PLACE MIAMI FL 33193</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ALONSO IEREZ 610 N.W. 132 PL. MIAMI, FL 33182</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT PRESIDENT ALONSO IEREZ 610 N.W. 132 PL. MIAMI, FL 33182</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 559-2438**

CR2E034 (10/00)