

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90372 037 ***150.00

DOCUMENT # P00000044775

1. Entity Name
FUTURISTIC INVESTMENTS, INC.

Principal Place of Business Mailing Address
~~8371 S.W. 148 PLACE~~ **13235 N.W. 10th** ~~610 NW 132 PLACE~~
~~MIAMI FL 33155~~ **MIAMI, FL 33182** ~~MIAMI FL 33182~~

2. Principal Place of Business 3. Mailing Address
13235 N.W. 10 St **13235 N.W. 10 St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL **Miami FL**
 Zip Country Zip Country
33182 **DADE** **33182** **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

ALONSO, JEREZ
610 NW 132 PLACE
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name
 Street Address (P.O.-Box Number is Not Acceptable)
 City **FL** Zip Code

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 **MARVIN A LARA President** **6/18/02**
 Signature, typed or printed name of registered agent and title if applicable. (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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LARA, MARVIN	
STREET ADDRESS	8371 S.W. 148 PLACE 13235 N.W. 10th	
CITY-ST-ZIP	MIAMI FL 33155 MIAMI FL 33182	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LARA, JOSE	
STREET ADDRESS	8371 S.W. 148 PLACE 610 NW-132 PL	
CITY-ST-ZIP	MIAMI FL 33155 MIAMI FL 33182	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALONSO, JEREZ	
STREET ADDRESS	610 NW 132 PLACE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **4/3/02** **(305)-975-5418**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)