

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086788

1. Entity Name

FUTUREVEST FINANCIAL GROUP, INC.

FILED

Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90068 036 \*\*\*150.00

Principal Place of Business

Mailing Address

1973 ~~SE~~ 15 COURT  
POMPAO BEACH FL 33062

1973 ~~SE~~ 15 COURT  
POMPAO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

6499 NW 9th Ave

6499 NW 9th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

205

City & State

City & State

FT Land FL

FT Land FL

Zip

Country

Zip

Country

33309

USA

33309

USA

4. FEI Number

65-1639295

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

BONNER, R LAWRENCE  
100 SE 2 STREET STE 3400  
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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, 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	D. HALL, BRIAN 1973 <del>SE</del> 15 COURT POMPAO BEACH FL 33062	<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
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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 #

CR2E034 (10/00)