

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 21, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000095961**1. Entity Name  
**FUTURO TECHNOLOGIES, INC.****Principal Place of Business**5284 NW 114TH AVENUE  
#304  
MIAMI FL  
33178**Mailing Address**5284 NW 114TH AVENUE  
#304  
MIAMI FL  
33178**2. Principal Place of Business**

11368 NW 46TH LANE

**3. Mailing Address**

11368 NW 46TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

MIAMI FL

**City & State**

MIAMI FL

**4. FEI Number****65-1046399**

Applied For

Not Applicable

Zip  
33178

Country

Zip  
33178

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**VALVERDE JOSE M  
5284 NW 114TH AVENUE  
#304  
MIAMI FL  
33178**7. Name and Address of New Registered Agent****Name**

VALVERDE JOSE M

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

11368 NW 46TH LANE

City  
MIAMI

FL

Zip Code  
33178

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 reinstating)

**04/21/2001**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	VALVERDE VIVIANA A	
STREET ADDRESS	5284 NW 114TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VALVERDE JOSE M	
STREET ADDRESS	5284 NW 114TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALVERDE VIVIANA A	
STREET ADDRESS	11368 NW 46TH LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALVERDE JOSE M	
STREET ADDRESS	11368 NW 46TH LANE	
CITY-ST-ZIP	MIAMI FL 33178	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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: Jose M Valverde**

P

**04/21/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)