

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

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90328 026 ***150.00

DOCUMENT # **P01000062934** ✓
1. Entity Name
FUTURE - USA.COM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10850 SW 3RD ST.	3. Mailing Address 5620 NW 113 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 01-0592134	Applied For <input type="checkbox"/> Not Applicable
Zip 33178	Country USA	Zip 33178	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name FELIPE W CAPELO
Street Address (P.O. Box Number is Not Acceptable) 5620 NW 113 PL
City MIAMI
State 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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	FELIPE W CAPELO - PRESIDENT	NAME	
STREET ADDRESS	5620 NW 113 PL	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33178	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: **FELIPE W CAPELO** **02/11/02** **786-261-5885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-599-8555

CR2E034B (12/01)