

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

DOCUMENT # P 01000076194

1. Entity Name

PROPERTY FUTURES, INC.

030120

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1690 S.W. 2ND. AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1690 S.W. 2ND. AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-1128265

Applied For

Not Applicable

Zip
33432

Country

PALM BEACH

Zip

33432

Country

PALM BEACH

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANDREW ROSENBERG, ESQ.

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

8751 W. BERNARD BLVD. - SUITE 106

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$6125

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
NAME
STREET ADDRESS
CITY - ST - ZIP

D/P/T/S
ROBERT GANNON
1690 S.W. 2ND. AVE.
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Robert M. Gannon - ROBERT M. GANNON

4-5-02 (954) 421-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)