

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91182 027 \*\*\*150.00

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

DOCUMENT # P01000076202

1. Entity Name

FUTURE FLORIDA BUILDERS, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5210 NW 187TH. ST.

3. Mailing Address  
5210 NW 187TH. ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
OPA LOCKA, FL

City & State  
OPA LOCKA, FL

4. FEI Number  
65-1127691

Applied For  
Not Applicable

Zip  
33055

Country  
MIAMI-DADE

Zip  
33055

Country  
MIAMI-DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
RODRIGUEZ, CARLOS

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

5210 NW 187TH. ST.

City  
OPA LOCKA

FL

Zip Code  
33055

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

04/29/2003

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
RODRIGUEZ, CARLOS J.  
5210 NW 187TH ST.  
OPA LOCKA, FL 33055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STP  
CRUZ, LOURDES A  
5210 NW 187TH. ST  
OPA LOCKA, FL 33055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 reports 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2003

(305) 627-5497

Date

Daytime Phone #

CR2E034B (12/02)