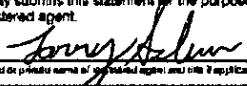
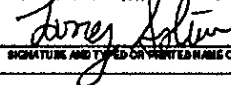


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90210 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000001852			
1. Entity Name TRUE FUTURE CORPORATION			
Principal Place of Business 1101 NE 191ST ST #H-204 N MIAMI BEACH, FL 33179		Mailing Address 1101 NE 191ST ST #H-204 N MIAMI BEACH, FL 33179	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 010574611		Applied For Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLIVAN, LARRY 1101 NE 191ST ST #H-204 N MIAMI BEACH, FL 33179		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  (NOTE: Registered Agent signature required when registering) Signature, typed or printed name of registered agent and title if applicable DATE			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	☐ Delete	
NAME	SOLIVAN, LARRY		
STREET ADDRESS	1101 NE 191ST ST #H-204		
CITY-ST-ZIP	N MIAMI BEACH, FL 33179		
TITLE	NAME	☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.			
SIGNATURE: 		04/20/03 805354-8863	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone	

80107334



☐ CHECK HERE IF MAKING CHANGES

CRF0034 (10/02)