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

## P02000046515 **DOCUMENT #**

1. Entity Name

FTM ASSOCIATES, INC.



**FILED** Jan 23, 2003 8:00 am Secretary of State

3-2003 90081 004 \*\*\*158.75

01-23

				COD WE	33.5					
Principal Place of Busines	s	Mailing Address								
1715 45 AVE		1715 45 AVE				*				
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021								
							O DERIVER AND REAL PRINT PRINT PRINT PRINT PR	HAN BENNA BABAR BANDA B	TORE FOR A COUNTY	
2. Principal Place of Busin	ness	3. Mailing Address							HERE HERE WELL FROM	
1715 N.	45th Ave.									
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
						OTESK TERE II MAKING OFFICES				
City & State		City & State				4. FE	I Number		Applied For	
							04-3687787		Not Applicable	
Zip	Country	Zip	Coun	try	1	5. Ce	ertificate of Status Desired	<sub>17</sub> ∮ \$8.75	Additional	
~!~	i i					01.00	ranoato or, otatao o o o no o julia.	Fee Requ	uired	
6. Name	and Address of Current R	Registered Agent				7. Na	me and Address of New Regi	stered Agent		
				Name						
MIJARES, FRANK*				Street Address (P.O. Box Number is Not Acceptable)						
1715 45 AVE				Street At	aaress (P	Y.U. BOX	( Number is Not Acceptable)			
HOLLYWOOD FL 330	121			t	715	= 1	N. 45th Aue.			
HOLLINGOD FL 330	121			١	110	<u> </u>	111, 43, 1100.			
				City				FL Zip C	Code	
- T		Ab		- #:		-d	at as both in the Ctate of Elericis		ith, and accept	
<ol> <li>The above named entity the obligations of registream</li> </ol>		the purpose or changing i	s registere	ea onice or	registere	ea ager	nt, or both, in the State of Florida	i. Lam lammar w	iin, and accept	
the congations of regis	orod agomi								)	
SIGNATURE										
Signature, typed	or printed name of registered agent an	nd title if applicable. (NC	TE: Registered	d Agent signatu	re required v	when reins	stating)	DATE		
FILE NOW!	!! FEE IS \$150.00									
	3 Fee will be \$550.00	•					9. Election Campaign Finance		5.00 May Be	
	Florida Department of	State					Trust Fund Contribution.	DA LJ	ded to Fees	
10.	OFFICERS AND D	DIRECTORS	11.			ADD	ITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 11	
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NAME			NAM	E		Ma	rcy Migares L	un te	<i>'</i>	
STREET ADDRESS			STRE	ET ADDRESS		(7)	15 N. 45th Au			
CITY-ST-ZIP		‡ , i	CITY	-ST-ZIP .			toll v wood. F	-L 33	221	
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12 I hereby certify that th	a information supplied with t	this filing does not qualify t	or the ever	motion etat	ad in Sac	ction 11	19.07(3)(i) Florida Statutes, I fur	ther certify that the	ne information	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

| 1/20/2003 (954) 962-8766|