

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91774 035 ***150.00

0420161 AV

DOCUMENT # P02000054989

1. Entity Name
FUTURE FUNDING & MORTGAGE, INC.



Principal Place of Business
**424 3 AVE SOUTH
LAKE WORTH FL 33460**

Mailing Address
**PO BOX 111
LAKE WORTH FL 33460**



2. Principal Place of Business
1116 LAKE TERRACE

3. Mailing Address

Suite, Apt. #, etc.
APT 112-G

Suite, Apt. #, etc.

City & State
BOYNTON BEACH FL 33426

City & State

Zip
33426

Country
US

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINERVINI, CHARLES

**424 3 AVE SOUTH
LAKE WORTH FL 33460**

Name
Charles MINERVINI

Street Address (P.O. Box Number is Not Acceptable)
1116 LAKE TERRACE APT 112-G

BOYNTON BEACH FLORIDA

City
FL Zip Code
33426

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 **Charles Minervini**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
Chuck MINERVINI
1116 LAKE TERRACE APT 112-G
BOYNTON BEACH, FL 33426**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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.

SIGNATURE:

Signature Minervini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

561-310-5190

Daytime Phone #

CR2E034 (10/02)