## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO200089389

1. Entity Name
FUTURE INVESTORS CORP

SIGNATURE:



FILED

03 NOV -5 - AH 9: 47

SECREDAN' OF STATE TALLAHASSFE FLORIDA

## DO NOT WRITE IN THIS SPACE

| 2. Principal P<br>2902 L<br>Suite, Apt.   | NW 27 avenue ,   | . Mailing Address<br>2902 IUU2 7<br>Suite, Apt. #. etc.   | Quenu  | R                                      | EINS]              | فانسا با داد<br>O NOT WRITE IN      | EN<br>THIS SPACE | Ø3                              |
|---|--|---|--|--|--------------------|-------------------------------------|------------------|---------------------------------|
| Miam.   | 1, FL 33142 14,  | City & State<br>FC 33142                                  |  | 4. FE                                  | Number Z/Z         | 6244                                |                  | Applied For Not Applicable      |
| Zio   | Country  | Zip   | Country<br>USA                                 | 5, Ce                                  | rtificate of Statu | us Desired [                        |                  | . <b>75</b> Additional Required |
| نے واقع کے کے   |  |   | None   |  |                    | s of Current Reg                    | istered Age      | ent                             |
|   | DO NOT WR  |   | Name<br>Street Ad                              | dress (P.O. Bo                         | x Number is No     | t Acceptable)                       |                  |                                 |
| á   | IN THIS SPA  | CE  | 4  | 760 N                                  | <del>e /6</del>    | 44. S                               |                  | ~                               |
| * ;<br>   |  |   | City N   | MIA                                    | mi BE              | AcH                                 | FL               | 7331 CO                         |
|   | named entity submits this statement for the ions of registered agent.  | purpose of changing its req                               | gistered office or                             | registered ager                        | nt, or both, in th | e State of Florida                  | . I am famili    | ar with, and accept             |
|   |  |   |  |  |                    |                                     |                  |                                 |
| SIGNATURE Signature, typed or pointed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |  |   |  |  |                    |                                     |                  |                                 |
|   | nuary 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25  |   |  |  |                    | ampaign Financii<br>I Contribution. | ng 🗀             | \$5.00 May Be<br>Added to Fees  |
| 10.   | Payable to Florida Department of Sta   | 72-1  |  |  |                    | Y                                   | 7                |                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | President<br>METERO ITLEGNA M<br>2960 NE 1645t<br>NormMiami BLACK  | A 33160   | NAME<br>STREET AODRESS<br>CITY-ST-ZIP          |  | 1176578            | 00244<br>301046                     | 49E              | ##150.00                        |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP  | VSD<br>Melero, Amonio<br>2960 NE 164 St<br>North Migmi Black   | , H 33/60   | NAME STREET ADDRESS CITY-ST-ZIP                |  | *                  |                                     |                  |                                 |
| NAME STREET ADDRESS CITY-SI-ZIP   | المنافعة الموهودة ما المهمود المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة<br>المنافعة المنافعة ا |   | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP       |  | DO I               | VOT W                               | RITE             |                                 |
| TITLE-— NAME STREET ADDRESS CITY-ST-ZIP   | ب سیست کی سب ورد دراند   | ، <del>وقهند</del> شدهاستان که دست یا آناسته فر           | NAME STREET ADDRESS CITY STEZIP                | ************************************** | ÎN T               | HIS SF                              | PACE             |                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |                    |                                     |                  | a                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   | TITLE NAME STREET ADORESS CITY-ST-ZIP          |  |                    |                                     | *                | 2 . 3                           |
| indicated<br>of the cor   | pertify that the information supplied with this<br>on this report or supplemental report is true<br>poration or the receiver or trustee empowent<br>with an address, with all other like empor                                 | e and accurate and that my sered to execute this report a | sianature shall ha                             | ve the same led                        | ial effect as if n | nade under oath:                    | that I am ar     | n officer or director           |

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## Future Investors, Corp 2902 NW 27 Avenue Miami, Fl 33142

September 21, 2003

Florida Department of State Glenda E Hood Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Attn: Justin M Shivers Document Specialist

Reg: Future Investors Corp

Ref: P02000089387

I would like to take this opportunity to thank you for responding to my letter dated August 15, 2003. In response to you letter attached is the completed application that you have requested filled out with the correct information on Future Investors, Corp. Also attached to the form is check# 1014 for the amount of \$150.00.

If you have any questions or you need to send me any information please feel free to write to me at the following address:

2960 NE 64 St North Miami Beach, Fl 33160

Once again I do apologize for any inconvenience this may have caused you and thank you for your time.

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President