

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90382 013 ***150.00

0617201 AT

DOCUMENT # P02000116002

1. Entity Name
FURTHER SEEMS FOREVER INC.



Principal Place of Business
C/O CRUSH
584 BROADWAY,STE. 1102
NEW YORK NY 10012

Mailing Address
C/O CRUSH
584 BROADWAY,STE. 1102
NEW YORK NY 10012



2. Principal Place of Business

3. Mailing Address
c/o W.E.C. -15 E.26th Street
Suite 1803

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
New York, New York

Zip

Country

Zip

Country

10010

U.S.A.

4. FEI Number

36-4511219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NEPTUNE, CHAD
3120 HIDDEN HOLLOW LANE
DAVIE FL 33328

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEPTUNE, CHAD
3120 HIDDEN HOLLOW LANE
DAVIE FL 33328

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CORDOBA, DERICK
P.O. BOX 612362
POMPANO BEACH FL 33061

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/03 212-682-4700

CR2E034 (10/02)