

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90025 029 ***150.00

DOCUMENT # P96000029004

1. Entity Name
FUTURE SHAPES, INC.

Principal Place of Business

**643 NE 17TH AVENUE
 FORT LAUDERDALE FL 33304**

Mailing Address

**643 NE 17TH AVENUE
 FORT LAUDERDALE FL 33304**

2. Principal Place of Business

2332 NE 20 ST

Suite, Apt. #, etc.

3. Mailing Address

2332 NE 20 ST

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FLA

City & State

FT. LAUDERDALE, FLA

Zip

33305

Country

USA

Zip

33305

Country

USA

4. FEI Number

65-0716774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HOUSTON, BART A

100 NE THIRD AVENUE STE 850

FORT LAUDERDALE FL 33301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)**

☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.**

☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BRICHE, BROOKE**
STREET ADDRESS **643 NE 17TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **M** ☐ Delete
NAME **MICHAEL A. BRICHE**
STREET ADDRESS **2332 NE 20 ST**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-02 (95A) 564-1888

BROOKE E. BRICHE

CR2E034 (9/01)