

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073613

1. Entity Name

PROBABLE FUTURE CORP.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90012 035 ***150.00

Principal Place of Business

Mailing Address

6685 N.W. 75TH PL
 PARKLAND FL 33067

6685 N.W. 75TH PL
 PARKLAND FL 33067-3942

2. Principal Place of Business

3. Mailing Address

9781 ARBOR OAKS LANE
 Suite, Apt. #, etc.

9781 ARBOR OAKS LANE
 Suite, Apt. #, etc.

304

304

City & State
 BOCA RATON FL

City & State
 BOCA RATON FL

Zip Country
 33428 US

Zip Country
 33428 US

4. FEI Number 65-0696099

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

KLEIN, BERNARD
 6685 N.W. 75TH PL
 PARKLAND FL 33067

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 BERNARD KLEIN

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

(NOTE: Registered Agent signature required when reinstating)

4/27/00
 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME KLEIN, BERNARD
 STREET ADDRESS 6685 NW 75TH PL
 CITY-ST-ZIP PARKLAND FL

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

TITLE D ☐ Delete
 NAME GERARD, ANDRE
 STREET ADDRESS 50 JAMESTOWN PARK
 CITY-ST-ZIP HOLETOWN ST

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: BERNARD KLEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)