2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # **P96000090696** FUTURE FIRST TECHNOLOGIES, INC. 05-16-2000 90105 028 ***150.00 Principal Place of Business Mailing Address 55 HILLANDALE ROAD 55 HILLANDALE ROAD RYE BROOK NY 10573-1704 RYE BROOK NY 10573 ius 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. KNOLLWOOD DRIVE KNOLLWOOD Applied For City & State 4. FEI Number 59-3417534 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired _ _ _ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATHEWS, JOANN Street Address (P.O. Box Number is Not Acceptable) 9151 PARK BLVD SEMINOLE FL 33777 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE Change ☐ Addition ☐ Delete DENNIS PROVENZANO PROVENZANO, DENNIS NAME 9 KNOLLWOOD DRIVE STREET ADDRESS STREET ADDRESS 55 HILLANDALE ROAD RYE BROOK, NY 10573 CITY-ST-ZIP CITY-ST-ZIP RYE BROOK NY Change ☐ Addition ☐ Delete TITLE TITLE LORALEE PROVENZANO PROVENZANO, LORALEE NAME 9 KNOLLWOOD DRIVE STREET ADDRESS STREET ADDRESS 55 HILLANDALE ROAD CITY-ST-7IF RYE BROOK, NY 10573 CITY-ST-ZIE RYE BROOK NY Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: INTED NAME OF SIGNING OFFICER OR DIRECTOR PED OR P