2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 AUG 10 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000085780

1. Entity Name
FutureVest Securities (USA) Inc

Principal Place of Business: 2100 East 4th Street, Santa Ana, CA 92705
Mailing Address: PO Box 14460, Irvine, CA 92623

2. Principal Place of Business	3. Mailing Address
2100 East 4th St	P.O. Box 14460
Suite, Apt #, etc.: St 100	Suite, Apt #, etc.
City & State: Santa Ana, CA	City & State: Irvine, CA
Zip: 92705 Country	Zip: 92623 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0852261 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Kristen Cucri
501 Brickell Key Drive
St 203
Miami, FL

7. Name and Address of New Registered Agent
Name: Nick Angulli
Street Address (P.O. Box Number is Not Acceptable): 130 Brazilian Way
City: Palm Beach 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] [signature] DATE 4-1-2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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: President NAME: Robert Lechman STREET ADDRESS: PO Box 14460, Irvine CA CITY-ST-ZIP: 92623 ☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 800003364368-- -08/18/00--01061--006 ****558.75 ****550
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition TITLE 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] Robert A. Lechman 4-1-2000 949-230-9991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #