

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019633

1. Entity Name

FUTURE COUNTER TOPS CORP

Principal Place of Business

Mailing Address

SAME

2685 W. 76 ST
HLH, FL. 33016

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

MIAMI-DADE

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

65-0816266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 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

TITLE PRES ☐ Delete

NAME CARLOS CAYON
STREET ADDRESS 8381 NW 143 ST
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE VICE PRES. ☒ Delete

NAME LEONARDO GALBAN
STREET ADDRESS 15935 SW 82 ST
CITY-ST-ZIP MIAMI, FL. 33193

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 ---

TITLE ☐ Change ☐ Addition

NAME ---
STREET ADDRESS ---
CITY-ST-ZIP ---

TITLE ☐ Change ☐ Addition

NAME ---
STREET ADDRESS ---
CITY-ST-ZIP ---

TITLE ☐ Change ☐ Addition

NAME ---
STREET ADDRESS ---
CITY-ST-ZIP ---

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 #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90004 020 ***150.00

828881

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

3-31-00

305-512-8338