2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Sep 05, 2000 8:00 am Secretary of State DOCUMENT # **P98000022278** FCX FUTURES CORPORATION 09-05-2000 90029 040 ***150.00 Principal Place of Business Mailing Address 1111 KANE CONCOURSE 1111 KANE CONCOURSE **SUITE 2198** SHITE 219B BAY HARBOR ISLAND FL 33154 BAY HARBOR ISLAND FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0818696 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_ GARCIA, CARLOS M Street Address (P.O. Box Number is Not Acceptable) 1111 KANE CONCOURSE **BAY HARBOR ISLAND FL 33154** 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PSD** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME GARCIA, CARLOS M NAME STREET ADDRESS STREET ADDRESS 1111 KANE CONCOURSE, 219B CITY-ST-ZIP CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154** ☐ Change ☐ Addition TITLE vptd ☐ Defete TITLE NAME REVERON, CLAUDIO D NAME STREET ADDRESS 1111 KANE CONCOURSE, 219B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154** Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete ☐ Change M Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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.

ED NAME OF SIGNING OFFICER OF

FCX FUTURES (1) SOUD 22278

July 31, 2000

Divisions of Corporations

Respected Ladies / Gentlemen

Please find enclosed the 2000 Uniform Business Report (UBR) # P98000022278 corresponding to my company FCX FUTURES as well as a check in the amount of \$150.00 Dollars (one hundred fifty U.S. Dollars).

We never got a form to fill out for May 1st, and after speaking via telephone with your offices. I was instructed to remit the enclosed.

Feel free to call me with any questions you may have.

Best Regards.

Claudio D. Reveron, Managing Director.