## FILED

Apr 28, 2002 8:00 am Secretary of State

04-28-2002 90722 001 \*6,300.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P98000076312

DOCUMENT # 1. Entity Name

FURCO CORP.

Principal Place of Business

Mailing Address

7695 S.W. 104TH STREET SUITE 210

MIAMI FL 33156

7695 S.W. 104TH STREET SUITE 210

MIAMI FL 33156

3. Mailing Address
Suite, Apt. #, etc.
City & State

 $\Box$ 



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-1081119 Not Applicable Zip Country Zip 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

LITTMAN, ERIC P 7695 S.W. 104TH STREET SUITE 210 MIAMI FL 33156

Name						
Street Address (P.O. Box Number is Not Acceptable)						
				_		

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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

FL

DATE

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SPD TITLE ☐ Delete TITLE Change ☐ Addition LITTMAN, ERIC P NAME NAME 7695 S.W. 104TH STREET SUITE 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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 addy with all of APR 1 9 2002

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #