

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90158 023 ***150.00

DOCUMENT # P99000031522

1. Entity Name
FUTURE SOLUTIONS, INC.

Principal Place of Business

**1443 BANKS RD.
 MARGATE FL 33063**

Mailing Address

**1443 BANKS RD.
 MARGATE FL 33063**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0912922**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EREG, ETELKA
 6422 NW 5TH WAY
 FT. LAUDERDALE FL 33309**

ADDRESS
 CHANGE
 ONLY

Name **EREG, ETELKA**
 Street Address (P.O. Box Number is Not Acceptable)

11575 HERON BAY BLVD # 307
 City **CORAL SPRINGS** **FL** Zip Code **33076-3304**

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, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SILLMAN, BRETT**
 CITY-ST-ZIP **1443 BANKS RD.
 MARGATE FL 33063**

TITLE ☒ Change ☐ Addition
 NAME **V/D**
 STREET ADDRESS **STILLMAN, BRETT**
 CITY-ST-ZIP **1443 BANKS ROAD
 MARGATE, FL 33063**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BATA, KAROLJ**
 CITY-ST-ZIP **1443 BANKS RD.
 MARGATE FL 33063**

TITLE ☒ Change ☐ Addition
 NAME **P/D**
 STREET ADDRESS **BATA, KAROLJ**
 CITY-ST-ZIP **1443 BANKS ROAD
 MARGATE, FL 33063**

TITLE ☐ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE ☐ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
 NAME _____
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TITLE ☐ Delete
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 STREET ADDRESS _____
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TITLE ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE ☐ Delete
 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 19.07(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: **Brett Stillman**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2001 954-970-0208
 Date Daytime Phone #

CR2E034 (10/00)