

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P99000055544

1. Entity Name

MIDAS FINANCIAL FUTURES & OPTIONS CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

04-18-2000 90055 016 ***150.00

Principal Place of Business

Mailing Address

100 W. CYPRESS CREEK RD., STE. 945
FT. LAUDERDALE FL 33309

100 W. CYPRESS CREEK RD., STE. 945
FT. LAUDERDALE FL 33309-2179

2. Principal Place of Business

3. Mailing Address

2101 W. Commercial Blvd

2101 W. Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1950

1950

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33309

USA

33309

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-0927380

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

BONNER, R. LAWRENCE
100 SE 2ND ST., STE. 3400
MIAMI FL 33131

Name

Stephen Smith

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

2101 West Commercial Blvd #1950

City

Ft Lauderdale

FL

Zip Code

33309

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|--------------------|---|-------------------------------------|
| | D | HUSAIN, SULAIMAN | 100 W. CYPRESS CREEK RD., STE. 945 FT. LAUDERDALE FL 33309 | <input checked="" type="checkbox"/> |
| | D | Stephen Mark Smith | 2101 West Commercial Blvd Ste 1950 Ft Lauderdale FL 33309 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: Stephen M. Smith 4-4-00 677-1046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (9/99)