

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90076 048 ***158.75

DOCUMENT # P99000105243

1. Entity Name
FUTURE OF WRESTLING, INC.



Principal Place of Business
**10757 CLEARY BLVD
#205
PLANTATION FL 33324**

Mailing Address
**P O BOX 450395
SUNRISE FL 33345**

2. Principal Place of Business
**1201 SW 75 AVE.
Suite, Apt. #, etc.**

3. Mailing Address
**1201 SW 75 AVE.
Suite, Apt. #, etc.**

City & State
PLANTATION, FL

City & State
PLANTATION, FL

4. FEI Number **65-0972574**

Applied For
Not Applicable

Zip
33317

Country
USA

Zip
33317

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RAPUANO, MICHAEL
8340 NW 54TH ST
LAUDERHILL FL 33351**

7. Name and Address of New Registered Agent

Name **JODI DELLAVENTURA**
Street Address (P.O. Box Number is Not Acceptable)
1201 SW 75 AVE.
City **PLANTATION** FL Zip Code **33317**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jodi Dellaventura* **JODI DELLAVENTURA**

3/3/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAPUANO, MICHAEL 10757 CLEARY BLVD #205 PLANTATION FL 33324 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STANCO, MICHAEL 10757 CLEARY BLVD #205 PLANTATION FL 33324 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELLAVENTURA, JODI 10757 CLEARY BLVD #205 PLANTATION FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUNGUIA, FRANK 10757 CLEARY BLVD #205 PLANTATION FL 33324 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / T / S / D JODI DELLAVENTURA 1201 SW 75 AVE. PLANTATION, FL 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jodi Dellaventura* **REQUIRED DELLAVENTURA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

954-321-0987

Date Daytime Phone #

CR2E034 (10/02)