## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

K29013 **DOCUMENT #** 

1. Entity Name

C T L OF AMERICA, INC.



Apr 21, 2003 8:00 am \$ Secretary of State ... **FILED** 

04-21-2003 91179 020 \*\*\*150.00

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Section   Sect	City & State			City & State			4.	4. FEI Number 65-0061609			<u> </u>		
CURRLIN, EDWARD 1611 NW 79TH AVE MIAMI FL 33126  8. The stayore named entity submits this statement for time purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, vipol or prend many of spotiates open and the topotatable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  MAME STREET ANDRESS  MIAMI FL  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  MAME STREET ANDRESS  MIAMI FL  10. Or	Zip Country			Zip	Zip Count			5.	5. Certificate of Status Desired				
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MIAMI FL 33126  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators or registered agent, or both in the State of Florida.  Selection Campaigner floridation.  Selection Campaigner flori				Street Address			ess (P.O. I	Box Number is Not Acceptable)					
S. 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   Signature, hyperior private name of registered agent and site if approaches   (NOTE: Registered Agent signature received when nerestoring)									*				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symatum. byradic printed name of registered agent and deel appricable	MINISTER (ACT)										T		
SIGNATURE   Signature, typed or printed registered agent   MOTE Registered Agent signature received when retrictations)   DATE	•						City			FL	Zip Cod	ie	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	ŀ	٠	•				1					}	
	12.   hereby c	ertify that the	e information supplied with	this filing	does not qualify for	r the exe	mption stated i	in Section	119.07(3)(i), Florida Statutes. I fu	ther certif	y that the i	nformation	

e griu accurate and inaumy signature shall have the same legal effect as if made under oath; that I am an officer or director ground to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empty ared. of the corporation or the receiver or trustee em changed, or on an attachment with an address

SIGNATURE: