

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90010 031 \*\*\*158.75

**DOCUMENT # K73524**

1. Entity Name

CTG ARCHITECTS, INC.

Principal Place of Business

229 N.E. 26 TERR.  
 MIAMI FL 33137-4519

Mailing Address

229 N.E. 26 TERR.  
 MIAMI FL 33137-4519

2. Principal Place of Business

229 NE 26 TERR

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

MIAMI FL

Suite, Apt. #, etc.

City & State

(SAME)

City & State

Zip

33137

Country

USA

Zip

Country

4. FEI Number

65-0111494

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GARCIA, CARMEN T.  
 8940 S.W. 18TH TERRACE  
 MIAMI FL FL 33165

7. Name and Address of New Registered Agent

Name

(SAME)

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

City

FL

Zip Code

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, 2002 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

TITLE PVS  
 NAME GARCIA, CARMEN T.  
 STREET ADDRESS 8940 S.W. 18TH TERR  
 CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE TD  
 NAME GARCIA, CARMEN T.  
 STREET ADDRESS 8940 SW 18TH TERR  
 CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CARMEN T. GARCIA 1-7-02 (305) 576-0535

CR2E034 (9/01)