

2002 UNIFORM BUSINESS REPORT (UBR)

SD. 00

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DOCUMENT # L01000017507

1. Entity Name

CTP, L.C.

FILED

02 MAY 10 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

2801 FLORIDA AVENUE SUITE 20
COCONUT GROVE FL 33193

2801 FLORIDA AVENUE SUITE 20
COCONUT GROVE FL 33193

2. Principal Place of Business

4675 Ponce de Leon Blvd

3. Mailing Address

4675 Ponce de Leon Blvd

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

305

City & State

Coral Gables, FLA

City & State

Coral Gables, FLA

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEE Number

65-1146060

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINSON, LOUIS JR.
4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146

Name

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
STINSON, LOUIS JR.
4675 Ponce de Leon Blvd #305
Coral Gables, FLA 33146

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

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/22/02 35-667-7571

Date

Daytime Phone #

CR2E083 (9/01)