

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P-0000000 3241

1. Entity Name

F & T INVESTMENTS GROUP INC



FILED

03 JUN -9 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3312 N. MIAMI AVE

3. Mailing Address

3312 N. MIAMI AVE

05-13-03 01023 019 \$150.00
DO NOT WRITE IN THIS SPACE 03

City & State

MIAMI Fla.

City & State

MIAMI Fla.

4. FEI Number

05-0973865

Applied For

Not Applicable

Zip

33127

Country

DADE

Zip

33127

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SANTIAGO FRED

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

3312 N. MIAMI AVE

City

MIAMI

FL

Zip

33127

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 PTD
NAME SANTIAGO, FRED
STREET ADDRESS 3312 N. MIAMI AVE. MIA. Fla.
CITY-ST-ZIP

TITLE SVD.
NAME DAHLAN, THOMAS J.
STREET ADDRESS 6262 BIRD ROAD #302
CITY-ST-ZIP MIAMI, FLA. 33143

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Fred Pont Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/03 573-0211

Date Daytime Phone #

CR2E034B (12/02)