

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90156 040 ***150.00

DOCUMENT # P00000004008

1. Entity Name
CTE, INC.

Principal Place of Business
6151 MIRAMAR PARKWAY, #116
MIRAMAR FL 33023

Mailing Address
6151 MIRAMAR PARKWAY, #116
MIRAMAR FL 33023

2. Principal Place of Business

481 W. Hallandale Bch Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

6325 SW 20th St.
 Suite, Apt. #, etc.

City & State
Hollywood, FL
 Zip
33023
 Country
BROWARD

City & State
Miramar, FL
 Zip
33023
 Country
BROWARD

4. FEI Number
65-0973165

Applied For
 Not Applicable

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


6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
Wilson & Co. Acctg. & Tax Service
 Street Address (P.O. Box Number is Not Acceptable)
6151 Miramar Hwy
Suite # 106
 City
Miramar **FL** Zip Code
33023

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

4/26/2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KARIM, SYZAD 6151 MIRAMAR PARKWAY, #116 MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KARIM, ABDUL H 6151 MIRAMAR PARKWAY, #116 MIRAMAR FL 33023	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 another like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SYZAD
KARIM**

Date
4/26/2001

Daytime Phone #
(954) 981-1411

CR2E034 (10/00)