

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90487 037 ***150.00

DOCUMENT # P00000004008

1. Entity Name

CTE, INC.

Principal Place of Business

Mailing Address

4181 W HALLANDALE BEACH BLVD
 MIRAMAR FL 33023

6325 SW 20TH STREET
 MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

6151 Miramar Pkwy

Suite, Apt. #, etc.

Suite #221

City & State

Miramar, FL

Zip

Country

33023

USA

Zip

Country

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

WILSON & CO. ACCTG. & TAX SERVICE
 6151 MIRAMAR PKWY
 STE 106
 MIRAMAR FL 33023

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSYD ☐ Delete
 NAME KARIM, SYZAD
 STREET ADDRESS 6151 MIRAMAR PARKWAY, #116
 CITY-ST-ZIP MIRAMAR FL 33023

TITLE PSYD ☒ Change ☐ Addition
 NAME KARIM, SYZAD
 STREET ADDRESS 6151 Miramar Pkwy Ste 221
 CITY-ST-ZIP Miramar, FL 33023

TITLE V ☐ Delete
 NAME KARIM, ABDUL H
 STREET ADDRESS 6151 MIRAMAR PARKWAY, #116
 CITY-ST-ZIP MIRAMAR FL 33023

TITLE V ☒ Change ☐ Addition
 NAME KARIM, ABDUL H.
 STREET ADDRESS 6151 Miramar Pkwy Ste-221
 CITY-ST-ZIP Miramar, FL 33023

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYZAD KARIM 4/9/02 954-981-1411

Date

Daytime Phone #

CR2E034 (9/01)