2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90945 035 ***150.00

1. Entity Nam	e	# P000000627 CTORS, INC.	793	$\sqrt{}$			V 1- 11-2003 2	0243	033 1	30.00
Principal Place of Business Mailing Address 1375 N.W. 65TH TERRACE 1375 N.W. 65TH TERRACE PLANTATION, FL 33313 PLANTATION, FL 33313					 					
2. Principal P			3. Mailing Address	_		 				
Suite, Apt.	#, etc.	. 65 Av.	Suite, Apt. #, etc.	- 65 - ,	Av	1	XX CHECK HERE IF	MAKING	CHANGE:	3
City & State Plantation FL 33313			City & State Plantation FL 33313			4. FEI Number 65-1038981			⊢	Applied For Not Applicable
Zip 333	13	Country USA	Zip 33313_	Coun		l	Certificate of Status Desired		\$8.75 A Fee Requi	
		and Address of Current	Registered Agent		Name	7. N	lame and Address of New Rec	istered	Agent	
HEATON, M 1375 N.W. (PLANTATIO	5TH TERR				Street Address ((P.O. B	lox Number is Not Acceptable)		-	
•					City			FL	Zip Co	kde
8. The above	named entitle	submits this statement fo	r the purpose of changing i	its register	ed office or registe	red ao	ent, or both, in the State of Florid			n, and accept
After	ILE NOW! May 1, 200	or primad name of registered agent. IF FEE IS \$150.00 3 Fee will be \$550.00 Florida Department (OT€: Registere	ப் Agent செரும் இரும் இ	d when re	9. Election Campaign Finar Trust Fund Contribution.		\$5.	00 May Be
10.		OFFICERS AND		11.		AD	DITIONS/CHANGES TO OFFIC	ERS ANI		
IITLE Name Street address City-St-Zip		MYRTA D 65TH TERRACE ON, FL 33313	□ Delete ·	a	II				□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	☐ Delete	a	J				☐ Change	Addition
IITLE NAME STREET ADDRESS CITY-ST-ZP		- :	☐ Delete	8		• . 4	The same of the sa	·.	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	П		-			☐ Change	Addition
ITLE IAME STREET ADDRESS ITY-ST-21P	. -		Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		· · · · · · ·	☐ Delete	TITLI NAM STRE	<u> </u>				☐ Change	Addition
indicated of the cor changed,	on this repor poration or th or on an atta	t or supplemental report is e receiver or trustee empo chment with an address, v	true and accurate and that	t my signa ort as requi ed.	ture shall bave the red by Chapter 60	same+	119.07(3)(i), Florida Statutes. I fi egal effect as if made under oa da Statutes; and that my name a	th; that I	am an offici	er or director