

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
 05-05-2003 91180 035 ***158.75

DOCUMENT # **P01000015801**

1. Entity Name

CFT Properties, Inc.

Principal Place of Business

Mailing Address

**303 NW 14 Ave.
 Fort Lauderdale, FL 33311**

2. Principal Place of Business

3. Mailing Address

303 NW 14 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Laud. FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

33311

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

90129920

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARY CHRISTENSON
 303 N. W. 14 Ave.
 Ft. Laud. FL 33311**

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, 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	MARY CHRISTENSON 303 NW 14 Ave Fort Lauderdale, FL RS.D.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 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:

MARY CHRISTENSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

954-523-0905

Daytime Phone #

CR-034 (11/00)