

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000090015

1. Entity Name

P.T.L Housing & Investments, Inc.

FILED

02 NOV 20 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5823 S.W. 21 Street

3. Mailing Address

5823 S.W. 21 St.

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Hollywood, Florida

City & State

Hollywood, FL

Zip

33023

Country

Zip

33023

Country

4. FEI Number

65-1143608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Carl Alexander

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

5823 S.W. 21 Street

Suite B

City

Hollywood

FL

Zip Code

33023

**DO NOT WRITE
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.

SIGNATURE

Carl Alexander

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Carl Alexander
5823 S.W. 21 St.
Hollywood, FL 33023

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

600009104676
11/20/02--01015--024 **750.00

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REINSTATEMENT 62

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

SIGNATURE:

Carl Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-02 954 964-2255

Date

Daytime Phone #