

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000101360

1. Entity Name

CAPITAL TRUST HOLDING, INC.



FILED

03 OCT 13 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
157 E. New England Ave.

Suite, Apt. #, etc.

402

City & State

Winter Park, Florida

Zip
32789

Country
U.S.A

3. Mailing Address
157 E. New England Ave.

Suite, Apt. #, etc.

402

City & State

Winter Park, Florida

Zip
32789

Country
U.S.A

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0696920

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name Rodriguez, Gabriela

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

157 E. New England Ave. Suite 402

City Winter Park

FL

Zip Code
32789

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Rodriguez, Gabriela. PRESIDENT
157 E. New England Ave.
Winter Park, FL 32789

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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500023768175
10/13/03--01101--018 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/03

Date

Daytime Phone #

CR2E034B (12/02)

2/10/15