

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051468

1. Entity Name

CTM INDUSTRIES, BROWARD, CORP.

Principal Place of Business

C/O E. SCHWARTZ  
16036 FAIRWAY LANE  
FT. LAUDERDALE FL 33326

Mailing Address

C/O E. SCHWARTZ  
16036 FAIRWAY LANE  
FT. LAUDERDALE FL 33326-1481

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3779933

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

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

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 \$ 150.00**  
**After MAY 1, 2000 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 ☐ Delete

NAME: P  
STREET ADDRESS: SILVER, MARTIN  
CITY-ST-ZIP: 64 BEACHSIDE AVE.  
WESTPORT CT

TITLE ☐ Delete

NAME: S  
STREET ADDRESS: MATLIN, GERALD  
CITY-ST-ZIP: 6 WOODLAND CT.  
BEDFORD NY

TITLE ☐ Delete

NAME: T  
STREET ADDRESS: PERRY, CIARLETTA  
CITY-ST-ZIP: 35 CARLING DRIVE  
NEW HYDE PARK NY

TITLE ☐ Delete

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Delete

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Delete

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00

Date

Daytime Phone #

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90115 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)