

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072725

1. Entity Name

C.T.I. TRADING, CORP.

Principal Place of Business

Mailing Address

2. Principal Place of Business

16320 NW 14th ST.

Suite, Apt. #, etc.

3. Mailing Address

16320 NW 14th ST.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL.

Zip

33028

Country

US

City & State

PEMBROKE PINES, FL.

Zip

33028

Country

US

4. FEI Number

65-0604687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRANCISCO J. GERBINO

16320 NW 14th ST.

PEMBROKE PINES, FL. 33028

7. Name and Address of New Registered Agent

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

Francisco Gerbino

FRANCISCO J. GERBINO

4/24/00

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☐
(See instructions on back)

FILE NOW!!! FEE IS \$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

TITLE P.
NAME FRANCISCO J. GERBINO
STREET ADDRESS 16320 NW 14th St.
CITY-ST-ZIP PEMBROKE PINES, FL. 33028

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ 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:

Francisco Gerbino FRANCISCO GERBINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

Daytime Phone #

(305) 822-0669

CR2E034 (9/99)