

# 2001 UNIFORM BUSINESS REPORT (UBR)

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0271474

DOCUMENT # P96000080250

1. Entity Name

FTC INTERNATIONAL CORP.

Principal Place of Business

343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Mailing Address

318 INDIAN TRACE  
451  
WESTON FL 33326

2. Principal Place of Business

4474 WESTON ROAD

3. Mailing Address

4474 WESTON ROAD

Suite, Apt. #, etc.

# 173

Suite, Apt. #, etc.

# 173

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33331

Country

USA

Zip

33331

Country

USA

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

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

TITLE PSTD  
NAME MARTY, MIGUEL  
STREET ADDRESS 343 ALMERIA AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33134

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500004695035--3

-11/27/01--0104

\*\*\*\*150.00 \*\*\*\*150.00

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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 Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MIGUEL MARTY 10/24/01 (954) 3853621

CR2E034 (10/00)

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

RE: FTC INTERNATIONAL

DEAR SIR:

THIS LETTER IS TO REQUEST WAIVE FOR THE PENALTY FEE. THE  
COMPANY CHANGED ITS MAILING ADDRESS, AND DID NOT RECEIVE THE  
APPLICATION ON TIME.

THANK YOU,

MIGUEL MARTY