

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90255 049 ***158.75

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1. Entity Name
C.T. EVENTS, CORP.



Principal Place of Business
**1225 NE 124TH STREET
46 A
NORTH MIAMI FL 33161
US**

Mailing Address
**1225 NE 124TH STREET
46 A
NORTH MIAMI FL 33161
US**



2. Principal Place of Business
**19495 Biscayne Blvd.
Suite # 108
Aventura**

3. Mailing Address
**19495 Biscayne Blvd.
Suite 108
Aventura**

CHECK HERE IF MAKING CHANGES

City & State
Aventura

City & State
Aventura

4. FEI Number **65-0784510** Applied For
 Not Applicable

Zip **33180** Country **U.S.A.**

Zip **33180** Country **U.S.A.**

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

**TABASCI, CARLOS D
1225 NE 124TH STREET
NORTH MIAMI FL 33161**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PTVS TABASCI, CARLOS D**
STREET ADDRESS **1225 NE 124TH STREET # 462**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE Change Addition
NAME **PTVS TABASCI, CARLOS D.**
STREET ADDRESS **19495 Biscayne Blvd Suite #108**
CITY-ST-ZIP **Aventura, FL 33180**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **TABASCI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03 (jos) 932-8885
Date Daytime Phone #

CR2E034 (10/02)