

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90114 027 \*\*\*150.00

**DOCUMENT # P97000056299**

1. Entity Name  
**CTT CENTER OF TRANSFER OF TECHNOLOGY, INC.**

Principal Place of Business

**8405 NW 53RD ST  
STE C-105  
MIAMI FL 33166**

Mailing Address

**8405 NW 53RD ST  
STE C-105  
MIAMI FL 33166**

2. Principal Place of Business

**8200 N.W. 52 Terr.**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Miami Fl.**

Zip

**33166**

Country

**USA**

3. Mailing Address

**8200 N.W. 52 terr.**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Miami Fl.**

Zip

**33166**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0764647**

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

**FREED, OWEN S  
STE. 2200, 150 W. FLAGLER ST.  
MIAMI FL 33166**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP GOMEZ, HERMANN AVDA. ORINOCO, CENTRO EMPRESARIAL ROCA, LAS MERCEDES, CARACAS, VENEZUELA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RODRIGUEZ, FERNANDO AVDA. ORINOCO, CENTRO EMPRESARIAL ROCA, LAS MERCEDES, CARACAS, VENEZUELA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUARINO, GERARDO AVDA. ORINOCO, CENTRO EMPRESARIAL ROCA, LAS MERCEDES, CARACAS, VENEZUELA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV MOROS, CARLOS STE. A-100, 8405 NW 53RD ST. MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FEE, OSWALDO L STE. A-100, 8405 NW 53RD ST. MIAMI FL 33166</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FREED, OWEN S STE. A-100, 8405 NW 53RD ST. MIAMI FL 33166</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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**8200 N.W. 52 Terr. #100  
Miami, Fl. 33166**

**8200 N.W. 52 TERR. #100  
MIAMI FL. 33166**

**S  
ELIECER GUTIERREZ  
8200 N.W. 52 Terr. #100  
MIAMI FL. 33166**

**8200 N.W. 52 Terr #100  
MIAMI FL. 33166**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/16/01**  
Date

**(305) 640-0637**  
Daytime Phone #

CR2E034 (10/00)