

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000063516**1. Entity Name
FTB ASSOCIATES, INC.

Principal Place of Business

7450 S.W. 172 ST.

MIAMI
33157

FL

Mailing Address

7450 S.W. 172 ST.

MIAMI
33157

FL

2. Principal Place of Business

7450 S.W. 172 ST.

3. Mailing Address

7450 S.W. 172 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip
33157Country
USZip
33157Country
US

4. FEI Number

65-0756489

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WORTELL LINDA
9820 S.W. 121 ST.MIAMI
33186

FL

US

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 _____ DATE **04/29/2001**

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 V ☐ Delete
NAME HARBAUGH GERALD W
STREET ADDRESS 7450 S.W. 172 ST.
CITY-ST-ZIP MIAMI FL 33157TITLE D ☐ Delete
NAME HARBAUGH DIANNE
STREET ADDRESS 299 WOODS AVE.
CITY-ST-ZIP TAVENIER FL 33070TITLE P ☐ Delete
NAME HARBAUGH JANET G
STREET ADDRESS 7450 SW 172 ST
CITY-ST-ZIP MIAMI FL 33157TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: JANET G. HARBAUGH

P

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)