

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000017338**

1. Entity Name

C.T.G. INTERNATIONAL, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90017 048 ***150.00

Principal Place of Business

2300 CORPORATE BLVD., N.W.
SUITE 132
BOCA RATON FL 33431

Mailing Address

2300 CORPORATE BLVD., N.W.
SUITE 132
BOCA RATON FL 33431-7358

2. Principal Place of Business

2901 Clint Moore Rd

Suite, Apt. #, etc.

250

City & State

Boca Raton FL

Zip

33496

Country

Palm Bch

3. Mailing Address

2901 Clint Moore Rd

Suite, Apt. #, etc.

250

City & State

Boca Raton FL

Zip

33496

Country

Palm Bch



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0823438

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PAJAUJIS, FRANK
7699 ESTRELLA CIRCLE
BOCA RATON FL 33433

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 must be approved

(NOTE: Registered Agent signature required when terminating)

Frank Pajaujis

1/17/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	HOUER, ALAN E	
STREET ADDRESS	17703 BONIELLO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Pajaujis

Date

Daytime Phone #