

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045896

1. Entity Name

CTG CARIBBEAN TRANSPORT GROUP, INC.

Principal Place of Business

11234 SW 62nd Lane
Miami, FL 33173

Mailing Address

11234 SW 62nd Lane
Miami, FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0837093

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MARTINEZ, JOSE A
11234 S.W. 62nd Lane
Miami, FL 33173

9833 SW 56th Terrace
Miami, FL 33173

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 relinquishing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

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-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PD	MARTINEZ, MARIA TERESA	11234 SW 62nd Lane	Miami, FL 33173				
VSTD	MARTINEZ, JOSE A	11234 SW 62nd Lane	Miami, FL 33173				
VD	MARTINEZ, JOSE F	5203 GRANADA BLVD	CORAL GABLES, FL 33146				

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

4/28/00

305-598-2395

Date

Business Phone

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90010 028 ***150.00

C0100384

DO NOT WRITE IN THIS SPACE

05-0837093