

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 OCT -7 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000090586**

1. Entity Name  
**CTC DEVELOPMENT GROUP, INC.**



Principal Place of Business  
**299 ALHAMBRA CIRCLE  
SUITE 316  
CORAL GABLES FL 33134**

Mailing Address  
**299 ALHAMBRA CIRCLE  
SUITE 316  
CORAL GABLES FL 33134**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **65-0871786**  
 Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ELIO  
299 ALHAMBRA CIRCLE  
SUITE 316  
CORAL GABLES FL 33134**

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

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  **\$5:00** May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RODRIGUEZ, ELIO	299 ALHAMBRA CIRCLE SUITE 316	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-01-03 (305) 443-0096

CR2E034 (4/03)

**CTC. DEVELOPMENT GROUP, INC.**

299 Alhambra Circle, Suite # 316  
Coral Gables, FL. 33134

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Phone 305-443-0096  
Fax 305-441-7184

October 01, 2003

Florida Department Of State  
Division Of Corporation  
P.O. Box 6327  
Tallahassee, Florida.

Re : Uniform Business Report

To Whom It May Concern,

Enclosed please accept my filing of the corporation and a check for the filing fees. I kindly request that the late fees be taken into consideration by the state, due to the fact that I was hospitalized and in rehabilitation from an accident I had early this year and nearly took my life.

In view of these circumstance, I would be grateful giving the opportunity to reinstate my corporation and rebuild my life again. These fees do make a difference when little or no income is being received. I am grateful that God allow me a chance to start my life again ! If the state requires I can document these circumstance.

Truly Yours,



Elio M. Rodriguez  
President

cc. File