

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90077 010 ***150.00

DOCUMENT # P99000062428

1. Entity Name
 Florida Trust and Investments Group, Inc.

Principal Place of Business
 705 SE 2nd Court
 Fort Lauderdale
 FL 33301

Mailing Address
 3042 N. Federal Hwy
 Suite, Apt. #, etc.
 200
 City & State
 Fort Lauderdale, FL
 Zip
 33306
 Country
 USA

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 3042 N. Federal Hwy
 Suite, Apt. #, etc.
 200
 City & State
 Fort Lauderdale, FL
 Zip
 33306
 Country
 USA

DO NOT WRITE IN THIS SPACE

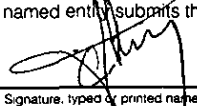
4. FEI Number 65-0933940 **Applied For**
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 Spiegel & Utrera, P.A.
 343 Almeria Ave.
 Coral Gables, FL 33134

7. Name and Address of New Registered Agent
 Name: Franklin M. Pate
 Street Address (P.O. Box Number is Not Acceptable): 3042 N. Federal Hwy #200
 City: Fort Lauderdale FL Zip Code: 33306

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  **Franklin M. Pate, President** **DATE** 4-24-00
 (NOTE: Registered Agent signature required when reinstating)

8. 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 State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP P.S.T.D. Pate, Franklin M 705 SE 2nd Court Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P.S.T.D. Pate Franklin M. 3042 N. Federal Hwy #200 Fort Lauderdale, FL 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Franklin M. Pate, President** **DATE** 4-24-00 **(954) 630-9746**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)