

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90331 009 ***150.00

DOCUMENT # P99000062428

1. Entity Name
FLORIDA TRUST AND INVESTMENTS GROUP, INC.



Principal Place of Business
701 SE 2 CT
FORT LAUDERDALE FL 33301

Mailing Address
701 SE 2 CT
FORT LAUDERDALE FL 33301

2. Principal Place of Business
5300 NW 12 Avenue
Suite, Apt. #, etc.
#1

3. Mailing Address
5300 NW 12 Avenue
Suite, Apt. #, etc.
#1

City & State
Fort Lauderdale, FL
Zip
33309
Country
USA

City & State
Fort Lauderdale, FL
Zip
33309
Country
USA

4. FEI Number **65-0933940**

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

PTITO, FRANKLIN M
701 SE 2 COURT
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name **Franklin M Prito**
Street Address (P.O. Box Number is Not Acceptable)
5300 NW 12 Avenue, #1
City **Fort Lauderdale** **FL** **Zip Code** **33309**

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 **Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|-----------------------|---------------------------------|---|
| TITLE | PSTD | <input checked="" type="checkbox"/> Delete |
| NAME | PTITO, FRANKLIN M | |
| STREET ADDRESS | 701 SE 2 COURT | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|----------------------------------|--|
| TITLE | PSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Prito, Franklin M | |
| STREET ADDRESS | 5300 NW 12 Avenue #1 | |
| CITY-ST-ZIP | Fort Lauderdale, FL 33309 | |
| 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 | | |
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| 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 | | |

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 REQUIRED** **Frank Prito, 4-24-03 954-776-1698.**

Date **Daytime Phone #**

CR2E034 (10/02)