

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99 000 102016

1. Entity Name

CTI TRANSPORT INC.

Mailing Address

3593 SW 143 PL

Miami FL 33175

3. Mailing Address

12612 SW 73 Terr

Suite, Apt. #, etc.

City & State

Country

Applied For

Not Applicable



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Graciela Victoreo

126/2 SW 73 Terr

Armi FC 33183

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

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.

4/30/8,

Signature, typed or printed name of registered agent and title if applicable

(If OTE Registered Agent signature required when reinstalling)

DATE _____

FILE NO VIII FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Alter
NAME		
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CITY - ST - ZIP		

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CITY, ST, ZIP		

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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 all other like empowered.

Special Vietnam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

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