## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

DOCUMENT # V60932  1. Entity Name				FILED
CTTT OF GEORGIA, INC.				00 MAR 21 AM 10: 26
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA
3250 MARY STREET SUITE 203 MIAMI FL 33133 US		3250 MARY STREET SUITE 203 MIAMI FL 33133-5232 US		109
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 58-2034160 Applied For Not Applicable
Zip	Country	Zip C	ountry	5. Certificate of Status Desired
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
			Name	,
2200	ATZ, RICHARD E ) MUSEUM TOWER		Street Address	s (P.O. Box Number is Not Acceptable)
	West Flagler Street MI FL 33130		000	<b>⊏</b> ∎ Zip Code
8. The above named entity submits this statement for the purpose of changing its registere			City	
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Reg	istered Agent signature requir	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  1		FILE NOW!!! F After MAY 1, 2000 I Make Check Payable to	ee will be \$550.00	I must fund commodition.
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WEISER, BRADLEY 3250 MARY STREET SUITE 203 MIAMI FL 33133	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition  1 □□□□3204311−−8  -04/11/00−-01116−-020  ****150.00 ****150.00 □ Change □ Addition
TITLE  NAME  STREET ADDRESS  SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
ITLE  AME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
				Section 119.07(3)(i), Florida Statutes. I further certify that the information se same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if