

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90653 015 ***150.00

DOCUMENT # P02000053797

1. Entity Name
CARDTECH CORPORATION



Principal Place of Business
1000 PONCE-DE-LEON BLVD. #101
CORAL GABLES FL 33134
801 BRUCKELL AV.

Mailing Address
1000 PONCE-DE-LEON BLVD. #101
CORAL GABLES FL 33134

60015685



2. Principal Place of Business

801 BRUCKELL AVENUE

3. Mailing Address

801 BRUCKELL AVENUE

Suite, Apt. #, etc.

SUITE 900

Suite, Apt. #, etc.

SUITE 900

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

4. FEI Number

48-1259320

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

SANCHEZ CESAR
8887 FONTAINEBLEAU BLVD.
#402
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name **SANCHEZ, CESAR**
Street Address (P.O. Box Number is Not Acceptable)
5013 SWEET LEAF COURT
City **ALTAMONTE SPRINGS FL** Zip Code **32174**

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 **CESAR SANCHEZ**

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

(NOTE: Registered Agent signature required when reinstating)

FEB 21, 2003

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	SANCHEZ, CESAR	
STREET ADDRESS	8887 FONTAINEBLEAU BLVD. #402	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	☒ Delete
NAME	SANCHEZ, ELENA	
STREET ADDRESS	8887 FONTAINEBLEAU BLVD. #402	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change ☐ Addition
NAME	SANCHEZ, CESAR	
STREET ADDRESS	5013 SWEET LEAF COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32174	
TITLE	VD	☒ Change ☐ Addition
NAME	SANCHEZ, ELENA	
STREET ADDRESS	5013 SWEET LEAF COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32174	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: **CESAR SANCHEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 21, 2003 (305) 755-7477

Date

Daytime Phone #