2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am P98000099300 DOCUMENT # **Secretary of State** 1. Entity Name 01-16-2002 90253 044 ***150.00 CORPORATE TECHNOLOGY RECRUITERS, INC. Principal Place of Business Mailing Address 9640 EAST BROADVIEW DRIVE 9640 EAST BROADVIEW DRIVE BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL 33154 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 Applied For 65-0882013 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPEYER, TERENCE D Street Address (P.O. Box Number is Not Acceptable) 9640 EAST BRAODVIEW DRIVE **BAY HARBOR ISLANDS FL 33154** City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE ☐ Delete SPEYER, TERENCE D NAME NAME 9640 EAST BROADVIEW DRIVE STREET ADDRESS STREET ADDRESS **BAY HARBOR ISLANDS FL 33154** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City ST-7IP ☐ Change Addition TITLE Delete-TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 purple empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ss, with all other like empowered.

changed, or on an attachment v

SIGNATURE:

CR2E03

Total Daytime Phone #

FILED