

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90044 042 ***150.00

DOCUMENT # P99000022484

1. Entity Name

CRIDAN TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

7441 BUCHANAN STREET
 HOLLYWOOD FL 33024

7441 BUCHANAN STREET
 HOLLYWOOD FL 33024-7105

2. Principal Place of Business

7441 BUCHANAN ST

3. Mailing Address

7441 BUCHANAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

65-0900494

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, CARLOS
 7441 BUCHANAN STREET
 HOLLYWOOD FL 33024

Name

Carlos Perez

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

7441 BUCHANAN ST

City

HOLLYWOOD

FL

Zip Code

33024

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Carlos Perez

Carlos H. Perez

1/17/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, CARLOS	
STREET ADDRESS	7441 BUCHANAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos H. Perez Carlos H. Perez

Date

Daytime Phone #

1/17/00 305-607-0222