

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90063 006 ***150.00

DOCUMENT # P99000022484
 1. Entity Name
CRIDAN TECHNOLOGIES, INC. ✓

Principal Place of Business 7441 BUCHANAN STREET HOLLYWOOD FL 33024	Mailing Address 7441 BUCHANAN STREET HOLLYWOOD FL 33024
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00022800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>8362 Pines Blvd.</i>	3. Mailing Address <i>8362 Pines Blvd.</i>
Suite, Apt. #, etc. <i>366</i>	Suite, Apt. #, etc. <i>366</i>
City & State <i>Pembroke Pines Fl.</i>	City & State <i>Pembroke Pines Fl.</i>
Zip <i>33028</i>	Zip <i>33028</i>
Country	Country

4. FEI Number 65-0900494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

PEREZ, CARLOS
 7441 BUCHANAN STREET
 HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name: *Carlos Perez*
 Street Address (P.O. Box Number is Not Acceptable): *8362 Pines Blvd. # 366*
 City: *Pembroke Pines* FL Zip Code: *33028*

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: *Carlos Perez* DATE: *1-25-01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	D PEREZ, CARLOS 7441 BUCHANAN STREET HOLLYWOOD FL 33024	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <i>Carlos Perez</i> <i>8362 Pines Blvd # 366</i> <i>Pembroke Pines, Fl. 33028</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ✓ *Carlos Perez* DATE: *1-25-01* 3052189506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)