


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0028744 AV

<b>DOCUMENT # P99000022484</b> 1. Entity Name <b>CRIDAN TECHNOLOGIES, INC.</b>	
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FILED  
03 AUG 20 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>15841 PINES BLVD 398 PEMBROKE PINES FL 33028</b>	Mailing Address <b>15841 PINES BLVD 398 PEMBROKE PINES FL 33028</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**PEREZ, CARLOS**  
**15841 PINES BLVD 398**  
**PEMBROKE PINES FL 33028**

**7. Name and Address of New Registered Agent**

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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: _____ NAME: <b>D PEREZ, CARLOS</b> <input type="checkbox"/> Delete STREET ADDRESS: <b>15841 PINES BLVD 398</b> CITY-ST-ZIP: <b>PEMBROKE PINES FL 33028</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ <input type="checkbox"/> Delete STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ <input type="checkbox"/> Delete STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ <input type="checkbox"/> Delete STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: <b>800022446168</b> CITY-ST-ZIP: <b>08/20/03--01051--002 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **SIGNATURE REQUIRED** 8/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)



15841 Pines Blvd.  
Suite 398  
Pembroke Pines, FL 33027  
954-893-9066 Office  
954-435-3288 Fax  
www.cridan.com

July 25, 2003

Florida Department of State  
Secretary of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00. As per your notification please allow this letter to serve as notice that we did not receive the uniform business report until July 21, 2003.

I would like to thank you in advance for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carlos H. Perez', is written over a faint, illegible typed name.

Carlos H. Perez