

2002 UNIFORM BUSINESS REPORT (UBR)

0009444 AT

DOCUMENT # **A13807**

1. Entity Name

CRT DEVELOPMENT, LTD.

FILED

02 MAR 25 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



Principal Place of Business

Mailing Address

**3850 NW 118TH AVENUE
CORAL SPRINGS FL 33065**

**3850 NW 118TH AVENUE
CORAL SPRINGS FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

04-2703861

Applied For

Not Applicable

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

**RICCI, WILLIAM J.
% BAKER HILL INDUSTRIES
3850 N.W. 118TH AVENUE
CORAL SPRINGS FL**

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$150,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	
NAME	RICCI, WILLIAM S.
STREET ADDRESS	2840 N. OCEAN BLVD.
CITY-ST-ZIP	FORT LAUDERDALE FL
DOCUMENT #	
NAME	MORLOCK, DIETER
STREET ADDRESS	109 BAYSHORE DRIVE UNIT 5
CITY-ST-ZIP	NOKOMIS FL 34275
DOCUMENT #	
NAME	MARTIN, ROBERT S.
STREET ADDRESS	6 NICHOLAS CIRCLE
CITY-ST-ZIP	ANDOVER MA
DOCUMENT #	
NAME	
STREET ADDRESS	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **ROBERT S. MARTIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-21-02

CR2E003 (9/01)

STAPLE CHECK HERE