

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90237 030 \*\*\*\*50.00

**DOCUMENT # L00000009025**

1. Entity Name

**CARNEGIE TECHNICAL, LLC**

Principal Place of Business

**3030 NE 23RD COURT  
FT. LAUDERDALE FL 33305**

Mailing Address

**3030 NE 23RD COURT  
FT. LAUDERDALE FL 33305**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-1031383**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****CRECINE, JOHN P  
3030 NE 23RD COURT  
FT. LAUDERDALE FL 33305****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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State  
Due By September 25, 2002****9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>CRECINE, JOHN P</b>	
STREET ADDRESS	<b>3030 NE 23RD COURT</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33305</b>	

TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>IVIDINO, STEPHEN</b>	
STREET ADDRESS	<b>813 SUGAR HOUSE DRIVE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	<b>DIR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DIR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CRECINE, ROBERT P</b>	
STREET ADDRESS	<b>3030 NE 23RD COURT</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33305</b>	

TITLE	<b>DIR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CRECINE, KATHERINE A</b>	
STREET ADDRESS	<b>1681 STONECLIFF DR</b>	
CITY-ST-ZIP	<b>DECATUR, GA 30033</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.****SIGNATURE:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**7/2/02 954-563-1159**

Date

Daytime Phone #

CR2E083 (4/02)