

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90123 016 ***550.00

DOCUMENT # L94595

1. Entity Name
C.A. TECHNOLOGY, INC.

Principal Place of Business

% O. TRETIAKOFF
 9500 S. OCEAN DR., ISLANDIA 2
 JENSEN BEACH FL 34957

Mailing Address

% O. TRETIAKOFF
 9500 S. OCEAN DR., ISLANDIA 2
 JENSEN BEACH FL 34957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0226593

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LEVINSON, EDWARD E.
 407 LINCOLN ROAD, PH-SE
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **TRETIAKOFF Oleg**
 Street Address (P.O. Box Number is Not Acceptable)
9500 S. OCEAN DRIVE, ISLANDIA 2
 City **JENSEN BEACH** FL Zip Code **34957**

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 **TRETIAKOFF** *[Signature]* **President** **09.06.2002**
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD TRETIAKOFF, OLEG 9500 S. OCEAN DR., ISLANDIA 2 JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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: **TRETIAKOFF** *[Signature]* **President** **09.06.2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #