

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90071 050 \*\*\*150.00

012811

**DOCUMENT # P00000035343**

1. Entity Name

**CIVIL CONSTRUCTION TECHNOLOGIES, INC.**

Principal Place of Business

**1132 N.E. 48TH ST.  
POMPANO BEACH FL 33064**

Mailing Address

**1132 N.E. 48TH ST.  
POMPANO BEACH FL 33064**

2. Principal Place of Business

**1132 NE 48th Street**

3. Mailing Address

**P.O. Box 339**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

City & State

**Deerfield Beach**

Zip

**33064**

Country

**USA**

Zip

**33443**

Country

**USA**

4. FEI Number

**65-1001370**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

**CRAMER, BONNIE  
1132 N.E. 48TH ST.  
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name

**Same**

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

*Bonnie S. Cramer*

**Bonnie S. Cramer**

**3-20-01**

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 \$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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P,VP, Sec, Treas  
Bonnie S. Cramer  
239 NE 24th Court  
Boca Raton, FL 33431** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Bonnie S. Cramer*

**Bonnie S. Cramer**

**3-20-01**

**954-942-2065**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)