

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075162

1. Entity Name

CRITICAL ACQUISITIONS, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90283 004 ***158.75

Principal Place of Business

777 SOUTH FEDERAL HWY STE 304-F
POMPANO BEACH FL 33062

Mailing Address

777 SOUTH FEDERAL HWY STE 304-F
POMPANO BEACH FL 33062

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

52-2281329

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGAL TENDER SECRETARIAL SERVICES, INC.
1121 N.E. 24TH AVENUE
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

MARIO A. ASSANTE, President

Street Address (P.O. Box Number is Not Acceptable)

777 SOUTH FEDERAL HWY. #304-F

City

Pompano Beach

FL

Zip Code

33062

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

Mario A. Assante, President, MARIO A. ASSANTE

Reg. Agent

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
PSTD
ASSANTE, MARIO
777 N. FEDERAL HWY., SUITE 304-F
POMPANO BEACH FL 33062

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Mario A. Assante, President (MARIO A. ASSANTE) (954) 781-6529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-4-01

Daytime Phone #

CR2E034 (10/00)