

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90138 047 ***150.00

DOCUMENT # P01000028850

1. Entity Name
CDE TECHNOLOGIES COMPANY



Principal Place of Business
7001 N. ATLANTIC AVE., SUITE 201
CAPE CANAVERAL FL 32920

Mailing Address
7001 N. ATLANTIC AVE., SUITE 201
CAPE CANAVERAL FL 32920

2. Principal Place of Business

1150 St. George Road

3. Mailing Address

1150 St. George Rd

Suite, Apt. #, etc.



☒ **CHECK HERE IF MAKING CHANGES**

Merritt Island FL

Merritt Island

4. FEI Number **59-3702403**

Applied For
Not Applicable

Zip
32952

Country
U.S.A.

Zip
32952

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WASSERMAN, HERBERT M
415 AMHERST CIRCLE, EAST
SATELLITE BCH FL 32937

7. Name and Address of New Registered Agent

Name **Lutfi M. Mized, P.E.**

Street Address (P.O. Box Number is Not Acceptable)
1150 St. George Road

City **Merritt Island** **FL** **32952**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **RENGARAJAN, KANNAN**
STREET ADDRESS **219 CHERRIE DOWN LANE**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **D** ☐ **Delete**
NAME **KANNAN, RAMA**
STREET ADDRESS **219 CHERRIE DOWN LANE**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **D** ☐ **Delete**
NAME **MIZED, LUTFI M**
STREET ADDRESS **1150 ST. GEORGE RD.**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **D** ☐ **Delete**
NAME **WASSERMAN, HERBERT M**
STREET ADDRESS **415 AMHERST CIR., EAST**
CITY-ST-ZIP **SATELLITE BCH FL 32937**

TITLE **D** ☐ **Delete**
NAME **WASSERMAN, MAXINE S**
STREET ADDRESS **415 AMHERST CIR., EAST**
CITY-ST-ZIP **SATELLITE BCH FL 32937**

TITLE **D** ☐ **Delete**
NAME **MIZED, PEGGY G**
STREET ADDRESS **1150 ST GEORGE RD**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-454-9333

CR2E034 (10/02)