

FILED

Jul 31, 2003 8:00 am
Secretary of State

07-21-2003 90126 004 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000114124

1. Entity Name
CR TECHNOLOGIES, INC.Principal Place of Business
201 N. FEDERAL HIGHWAY
SUITE 111
DEERFIELD BEACH FL 33441Mailing Address
201 N. FEDERAL HIGHWAY
SUITE 111
DEERFIELD BEACH FL 33441

55052892



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

450491167

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JOHN P. CASTAGNA

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

201 N. FEDERAL HIGHWAY

SUITE 111

City

Deerfield Beach

FL

Zip Code 33441

ROBIN, MARC A
5804 N.W. 49TH LANE
COCONUT CREEK FL 33073

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)

7-5-03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution.☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Castagna

7/5/03

Date

Daytime Phone #

CR2E034 (4/03)