

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000045697**

1. Entity Name

CCR TECHNOLOGY, INC.

**FILED**  
**Apr 27, 2000 08:00 AM**  
**Secretary of State**

Principal Place of Business

2151 LE JEUNE ROAD  
SUITE 202  
CORAL GABLES  
33134

FL

US

Mailing Address

2151 LE JEUNE ROAD  
SUITE 202  
CORAL GABLES  
33134

US

FL

2. Principal Place of Business  
2151 S. LEJEUNE ROAD

3. Mailing Address  
2151 S. LEJEUNE ROAD

Suite, Apt. #, etc.  
SUITE 202

Suite, Apt. #, etc.  
SUITE 202

City & State  
CORAL GABLES

FL

City & State  
CORAL GABLES

FL

Zip  
33134

Country  
US

Zip  
33134

Country  
US

4. FEI Number

**65-0595458**

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

**DELGADO MARIO RESQ**  
2151 LE JEUNE ROAD  
SUITE 202  
CORAL GABLES  
33134

FL

7. Name and Address of New Registered Agent

Name

**MARIO R. DELGADO, P.A.**

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

**2151 S. LEJEUNE ROAD**

SUITE 202

City

**CORAL GABLES**

FL

Zip Code  
33134

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 R. DELGADO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/27/2000**

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, 2000 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 **D CASTRO JOSE LUIS** ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP **AMERICAN MERCHANT BANKING GROUP  
CORAL GABLES FL 33134**

TITLE  
NAME **ASD DELA VEGA PAOLA** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP **2151 LE JEUNE ROAD STE 202  
CORAL GABLES FL 33134**

TITLE  
NAME **SD DELGADO MARIO RESQ** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP **2151 LE JEUNE ROAD STE 202  
CORAL GABLES FL 33134**

TITLE  
NAME **PTD CATALAN GUILLERMO** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP **2151 LE JEUNE ROAD STE 202  
CORAL GABLES FL 33134**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME **D CASTRO JOSE LUIS** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP **2151 S. LEJEUNE ROAD, SUITE 202  
CORAL GABLES FL 33134**

TITLE  
NAME **SD DELGADO MARIO RESQ** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP **2151 S. LEJEUNE ROAD, SUITE 202  
CORAL GABLES FL 33134**

TITLE  
NAME **PTD CATALAN GUILLERMO** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP **2151 S. LEJEUNE ROAD, SUITE 202  
CORAL GABLES FL 33134**

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

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

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 R. DELGADO**

DATE: **04/27/2000**