

2002 UNIFORM BUSINESS REPORT (UBR)

0028387 AV

DOCUMENT # P96000057579

1. Entity Name
CYGNUS TECHNOLOGIES, INC.

FILED

02 APR 12 PM 2:48

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5800 BEACH BOULEVARD
SUITE 322
JACKSONVILLE FL 32207

Mailing Address
5800 BEACH BOULEVARD
SUITE 322
JACKSONVILLE FL 32207

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number, 59-3389456
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
SPIEGEL & UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street
4th Floor
City Miami FL Zip Code 33145

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.
Spiegel & Utrera, P.A.
SIGNATURE By: *Natalia Utrera* (NOTE: Registered Agent's signature required when reinstating) DATE April 11, 2002
Natalia Utrera, Vice President

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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMID, ANTON		NAME	SMID, ANTON	
STREET ADDRESS	2776 S. STONEHENGE CT.		STREET ADDRESS	1500 SUTTON PARK DR N. #135	
CITY-ST-ZIP	JACKSONVILLE FL 32224		CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIGLIANO, ROBERT R		NAME	VIGLIANO, ROBERT	
STREET ADDRESS	5201 ATLANTIC BLVD. #36		STREET ADDRESS	13703 RICHMOND PARK DR N #2002	
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *ROBERT A. VIGLIANO* 4/1/02 (904) 537-4089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)