

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002496

1. Entity Name

CYRUS TECHNOLOGIES, INCORPORATED

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90098 033 \*\*\*150.00

Principal Place of Business

Mailing Address

2150 NW 33 STREET STE C  
POMPANO BEACH FL 33069

P O BOX 772342  
CORAL SPRINGS FL 33077-2342  
US

2. Principal Place of Business

6555 NW 9TH Ave

3. Mailing Address

6555 NW 9TH Ave

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

Country

33309

USA

Zip

Country

33309

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0718248

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

HUETTEL, GEORGE B  
2150 NW 33 STREET STE C  
POMPANO BEACH FL 33069

Name

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

6555 NW 9TH Ave

Suite 101

City

Fort Lauderdale

FL

Zip Code

33309

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

*George B. Huettel* President

(NOTE: Registered Agent signature required when reinstating)

3/15/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	HUETTEL, GEORGE B	
STREET ADDRESS	4017 RIVERSIDE DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	EDDINGER, G M	
STREET ADDRESS	288 NW 69 AVE #272	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8872 NW 54 Street	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16407 Sapphire Bend	
CITY-ST-ZIP	Weston, FL 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*George B. Huettel* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

DATE

Daytime Phone #

CR2E034 (9/99)