

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072205

1. Entity Name  
**CRIDAN ASSOCIATES, INC.**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90180 039 \*\*\*150.00

Principal Place of Business

Mailing Address

% DANIELLE LOPEZ  
3400 GALT OCEAN DR., #801 SOUTH  
FT. LAUDERDALE FL 33308

% DANIELLE LOPEZ  
3400 GALT OCEAN DR., #801 SOUTH  
FT. LAUDERDALE FL 33308-7041

2. Principal Place of Business

3. Mailing Address

**Delray Beach**

**16822 Rose Apple DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**DELRAY BEACH FL**

City & State  
**DELRAY BEACH FL**

4. FEI Number  
**65-0859352**

Applied For

Not Applicable

Zip  
**33445**

Country

Zip  
**33445**

Country

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

**LOPEZ, DANIELLE**  
**3400 GALT OCEAN DR., #801 SOUTH**  
**FT. LAUDERDALE FL 33308**  
**Delray Beach FL 33445**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME ☐ Delete  
**P LOPEZ, CHRIS**  
STREET ADDRESS **3400 GALT OCEAN DR 801 S.**  
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE NAME ☒ Change ☐ Addition  
**P LOPEZ CHRIS**  
STREET ADDRESS **16822 ROSE APPLE DR**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE NAME ☐ Delete  
**VPET LOPEZ, DANIELLE**  
STREET ADDRESS **3400 GALT OCEAN DR 801 S.**  
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE NAME ☒ Change ☐ Addition  
**VPET LOPEZ DANIELLE**  
STREET ADDRESS **16822 ROSE APPLE DR**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
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: **Danielle Lopez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10 January**  
Date

**2000**  
Daytime Phone #

CR2E034 (9/99)