


04-23-2003 90172 036 ***150.00

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

DOCUMENT # P99000030752		
1. Entity Name CRUSADER ACCESS SYSTEMS, INC.		
Principal Place of Business 3791 W 18 AVE HIALEAH, FL 33012		Mailing Address 3791 W 18 AVE HIALEAH, FL 33012
2. Principal Place of Business 3798 NW 80 St. Suite, Apt. #, etc.		3. Mailing Address 3700 W. 6 Ave. Suite, Apt. #, etc.
City & State Miami, Florida		4. FEI Number 65-0843700
City & State Hialeah, Florida		Applied For Not Applicable
Zip 33147	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GARCIA, NANCY 3700 W 6 AVE HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name John A. Margolis Street Address (P.O. Box Number is Not Acceptable) 9990 SW 77 Ave. City Miami FL Zip Code 33156
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 <u>Nancy Garcia</u> President <u>04-09-03</u> <small>Signature, typed or printed name of registered agent and officer if applicable. (NOTE: Registered Agent's signature required when re-electing) DATE</small>		
<small>ATTENTION: 2003 FILING FEE \$25.00 FILING TRACK SYSTEMS, INC. 10000 10000</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, NANCY 3700 W 6TH AVENUE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, LUCY 3700 W 6TH AVE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, VALENTIN 3700 W 6TH AVENUE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, FRANCISCA 3700 W 6 AVE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Nancy Garcia</u>		<u>04-09-03</u> <u>305-835-1118</u> <small>DATE PHONE #</small>

11009665



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)