

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/5/

FILED

May 15, 2000 8:00 am  
Secretary of State

04-05-2000 90096 041 \*\*\*158.75

DOCUMENT # P99000059105

1. Entity Name

CRW TECHNICAL PRODUCTS, INC.

Principal Place of Business

3300 NE 192ND STREET  
SUITE 1406  
AVENTURA FL 33180

Mailing Address

3300 NE 192ND STREET  
SUITE 1406  
AVENTURA FL 33180-2434

2. Principal Place of Business

1250 East Hallandale Bch. Blvd. 1250 E. Hallandale Bch. Blvd.

Suite, Apt. #, etc.

502

3. Mailing Address

1250 E. Hallandale Bch. Blvd.

Suite, Apt. #, etc.

502

City &amp; State

Hallandale, FL

Zip

33009

Country

USA

City &amp; State

Hallandale, FL

Zip

33009

Country

4. FEI Number

65 0931510

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALDMANN, CLIFFORD J  
3300 NE 192ND STREET  
SUITE 1406  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALDMANN, CLIFFORD	
STREET ADDRESS	3300 NE 192ND STREET	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SIEGEL, ROBERT M	
STREET ADDRESS	6551 NW 98TH DRIVE	
CITY-ST-ZIP	PARKLAND FL 33076	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00 954-334-0430  
Date Daytime Phone #

CR2FN34 (9/99)