

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90246 046 ****61.25

DOCUMENT # 738573

1. Entity Name

IL CIRCOLO, INC.

Principal Place of Business

3605 S. OCEAN BLVD.
 APT. B-307
 PALM BEACH FL 33480

Mailing Address

3605 S. OCEAN BLVD.
 APT. B-307
 PALM BEACH FL 33480

00020055



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARZELLI, RICHARD A.
3605 S. OCEAN BLVD., APT. B-307
W PALM BEACH, FL
PALM BEACH FL 33480

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

Richard Marzelli

Feb 10, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	SILVSTER, RENEE	
STREET ADDRESS	829 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ISOTTA, MECCA J	
STREET ADDRESS	13B LEXINGTON LANE E	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAFRAN, PAUL	
STREET ADDRESS	2403 HOPE LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONGO, VIRGINIA	
STREET ADDRESS	231 OSCEOLA WAY	
CITY-ST-ZIP	PALM BCH. GARDENS FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALERNO, ARMANDA	
STREET ADDRESS	170 CHILZAN AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORTE, S. V	
STREET ADDRESS	2540 BOUNDBROOK BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs. V. Del Bello	
STREET ADDRESS	649 MARLBOROUGH AVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	Mrs. JEANNE D'ARICE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs. JEANNE D'ARICE	
STREET ADDRESS	6520 OLIVEWOOD CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	Mrs. SALLY VALENTI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs. SALLY VALENTI	
STREET ADDRESS	4732 CYPRESS DR	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	Mrs. CONSTANCE CAGNO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs. CONSTANCE CAGNO	
STREET ADDRESS	602 LACONIA CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs. WILLIAM R. ROBERTSON	
STREET ADDRESS	5080 N. OCEAN DRIVE 50	
CITY-ST-ZIP	NO. SINGER ISLAND FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

Richard Marzelli

Richard Marzelli 2/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)