2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90824 030 ****70.00

DOCUMENT # 738573

1. Entity Name
IL CIRCOLO, INC.

Principal Place of Business	Mailing Address
3605 S. OCEAN BLVD. APT. B-307 PALM BEACH FL 33480	PO BOX 2166 PALM BEACH FL 33480

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1709 DEL HAVEN DR.	
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL	City & State
Zip: 33483 Country: PALM BEACH	Zip / Country

4. FEI Number 59-1742639 ☐ 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: JAMES GUTTUSO, DDS
Street Address (P.O. Box Number is Not Acceptable): 1709 DEL HAVEN DRIVE
City: DELRAY BEACH FL Zip Code: 33483

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: James Guttuso, DDS JAMES GUTTUSO, DDS April 29, 2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SILVSTER, RENEE 529 S FLAGLER DR #6E WEST PALM BEACH FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMES GUTTUSO, DDS 1709 DEL HAVEN DRIVE DELRAY BEACH, FL. 33483	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARZELLI, RICHARD A 3605 S. OCEAN BLVD. PALM BEACH FL 33480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ANTHONY TAMBURRI 4501 NORTH OCEAN BLVD. #TH3 BOCA RATON, FL. 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARTINO, VITO 111 LOST BRIDGE DR WEST PALM BEACH FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SALLY VALENTI 4732 CYPRESS DRIVE SOUTH BOYNTON BEACH, FL. 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GUGLIEMETTI, VINCENT 710 SW 18TH CT BOYNTON BEACH FL 33426	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RIPORTELLA, LILLIAN 5080 N OCEAN DR SINGER ISLAND FL 33404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PACELLI, GINNY 2720 WHITE WING LANE W PALM BEACH FL 33409	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: James Guttuso, DDS SIGNATURE REQUIRED President April 29, 2003 561-274-4967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR