

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90101 021 ***150.00

DOCUMENT # L55841

1. Entity Name
CIRCA TELECOM U.S.A., INC.

Principal Place of Business 9835 DENTON AVENUE HUDSON FL 34667	Mailing Address 9835 DENTON AVENUE HUDSON FL 34667
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976230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3004578**

Applied For
 Not Applicable

Zip Country Zip 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

**MILLER, STANLEY M
 748 BROADWAY
 SUITE 201
 DUNEDIN FL 34698**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	SMITH, IVAN W.	
STREET ADDRESS	#14 700-58 AVENUE S.E.	
CITY-ST-ZIP	CALGARY, AB, CANADA T2H2E2	
TITLE	O	<input type="checkbox"/> Delete
NAME	PAGNOZZI, ERNEST A	
STREET ADDRESS	12806 IRONWOOD CIR	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	DEMAURO, VINCENT	
STREET ADDRESS	8150 BRENT ST UNIT #713	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	O	<input type="checkbox"/> Delete
NAME	DERASMO, DAN	
STREET ADDRESS	2068 GROVELAND RD	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	KLARER, IRV	
STREET ADDRESS	7825 PRAIRIE DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: *Janice E. Metta* *Janice E. Metta* 4/30/01 (727) 868-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)