

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90109 045 ***150.00

0298457

DOCUMENT # G54740

1. Entity Name
CIREL, INC.

Principal Place of Business
**500 N.E. SPANISH RIVER BLVD
 SUITE 32-A
 BOCA RATON FL 33431
 US**

Mailing Address
**500 N.E. SPANISH RIVER BLVD
 SUITE 32-A
 BOCA RATON FL 33431
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**5858 Sun Pointe Cr.
 Suite, Apt. #, etc.
 Boynton Beach, FL.**

3. Mailing Address
**5858 Sun Pt Cr.
 Suite, Apt. #, etc.
 Boynton Beach, FL.**

City & State
33437

City & State
Boynton Beach, FL.

4. FEI Number **59-2356710**

Applied For
 Not Applicable

Zip Country
33437 USA

Zip Country
33437 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CIRELLI, RICHARD
 500 N.E. SPANISH RIVER BLVD
 SUITE 32-A
 BOCA RATON FL 33431**

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, 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

TITLE **PDS** ☐ Delete
 NAME **KARNES-CIRELLI, JUNE**
 STREET ADDRESS **500 NE SPANISH RIVER BLVD. #32A**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **5858 Sun Pointe Cr.**
 CITY-ST-ZIP **Boynton Beh. FL. 33437**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

June Carnes-Cirelli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President (561) 429-343

CR2E034 (10/00)