

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90305 047 \*\*\*150.00

**DOCUMENT # H47340**

1. Entity Name  
**SIR-ONE INVESTMENT, INC.**

Principal Place of Business

% JOHN H. SIROUNIS  
 2301 W SAMPLE RD  
 POMPANO BEACH FL 33073

Mailing Address

% JOHN H. SIROUNIS  
 2301 W SAMPLE RD  
 POMPANO BEACH FL 33073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**JOHN SIROUNIS**  
**861 S.W. 15th ST.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**JOHN SIROUNIS**  
 Suite, Apt. #, etc.  
**861 S.W. 15th ST**

City & State  
**BOCA RATON FL.**  
 Zip  
**33486**  
 Country  
**U.S.A.**

City & State  
**BOCA RATON FL.**  
 Zip  
**33486**  
 Country  
**USA**

4. FEI Number **50-2513016**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SIROUNIS, MICHAEL**  
**4950 N.E. 29TH AVENUE**  
**LIGHTHOUSE POINT FL 33064**

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, 2002 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** ☐ Delete  
 NAME **SIROUNIS, JOHN H.**  
 STREET ADDRESS **861 SW 15TH ST.**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **DS** ☐ Delete  
 NAME **SIROUNIS, MARY**  
 STREET ADDRESS **861 SW 15TH ST.**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **DT** ☐ Delete  
 NAME **SIROUNIS, ROBERT**  
 STREET ADDRESS **1525 SW 14 CT**  
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **DV** ☐ Delete  
 NAME **SIROUNIS, MICHAEL**  
 STREET ADDRESS **4950 NE 29 AVE**  
 CITY-ST-ZIP **LIGHTHOUSE PT FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DT** ☒ Change ☐ Addition  
 NAME **SIROUNIS, JOHN H**  
 STREET ADDRESS **861 S.W. 15th ST**  
 CITY-ST-ZIP **BOCA RATON FL.**

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

TITLE **PD** ☒ Change ☐ Addition  
 NAME **SIROUNIS ROBERT**  
 STREET ADDRESS **1525 S.W. 14 CT**  
 CITY-ST-ZIP **DEERFIELD BEACH FL**

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

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

TITLE ☐ Change ☐ 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:

**MIKE SIROUNIS U.P.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02 954-429-9976**  
 Date Daytime Phone #

CR2E034 (9/01)