

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001440

1. Entity Name
PETER J. CIRINA, L.C.

FILED

01 APR 26 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

751 N.E. 69TH STREET
BOCA RATON FL 33487

Mailing Address

751 N.E. 69TH STREET
BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

6300 N.E. 7th Ave

3. Mailing Address

6300 N.E. 7th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

22-3606468

Applied For

Not Applicable

Zip

33487

Country

Palm Beach

Zip

33487

Country

Palm Beach

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIRINA, PETER J

751 N.E. 69TH STREET

BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6300 N.E. 7th Avenue

BOCA RATON

City

FL

Zip Code

33487

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)

4-18-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGRM
CIRINA, PETER J
STREET ADDRESS
751 N.E. 69TH STREET
CITY-ST-ZIP
BOCA RATON FL 33487

TITLE NAME ☐ Delete
MGRM
CIRINA, EILEEN
STREET ADDRESS
751 N.E. 69TH STREET
CITY-ST-ZIP
BOCA RATON FL 33487

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
6300 N.E. 7th Avenue
CITY-ST-ZIP
Boca Raton FL 33487

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
6300 N.E. 7th Avenue
CITY-ST-ZIP
Boca Raton FL 33487

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
500004194185--2
-05/10/01--01115--005

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
*****50.00 *****50.00

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/18/01 561-999 9418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)