

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011070

1. Entity Name

CIRCLE OF LIGHT, INC.

FILED**Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90122 016 ***150.00

Principal Place of Business

Mailing Address

2455 SUNRISE BLVD SUITE 1102
10TH FLOOR
FORT LAUDERDALE FL 33304
US2455 SUNRISE BLVD SUITE 1102
10TH FLOOR
FORT LAUDERDALE FL 33304-3114
US

00002635



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2455 E. Sunrise Blvd.
Suite, Apt. #, etc.
10th Floor2455 E. Sunrise Blvd.
Suite, Apt. #, etc.
10th FloorCity & State
Fort Lauderdale, FLCity & State
Fort Lauderdale, FLZip
33304Country
USA.Zip
33304Country
USA.

4. FEI Number 65-0810769

Applied For

Not Applied For

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PD ☐ Delete
NAME FEDER, STEVEN L
STREET ADDRESS 2455 E SUNRISE BLVD 10TH FL
CITY-ST-ZIP FORT LAUDERDALE FL 33304TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME STOLZ, PETER
STREET ADDRESS 2455 E SUNRISE BLVD 10TH FL
CITY-ST-ZIP FORT LAUDERDALE FL 33304TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED PETER STOLZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #