

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035410

1. Entity Name

CIRCLINET-COMMUNICATION, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90021 040 ***150.00

Principal Place of Business

1717 NORTH BAYSHORE DRIVE
UNIT 3854
MIAMI FL 33132

Mailing Address

1717 NORTH BAYSHORE DRIVE
UNIT 3854
MIAMI FL 33132-1172

2. Principal Place of Business

444 Brickell Ave
Suite, Apt. #, etc.
760

3. Mailing Address

444 Brickell Ave
Suite, Apt. #, etc.
760

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0911933

Applied For

Not Applicable

Zip

33131

Country

MIAMI-DADE

Zip

33131

Country

MIAMI-DADE

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 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	PD	<input type="checkbox"/> Delete
NAME	AKAR, ELIAS	
STREET ADDRESS	1717 NORTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VERA, RODRIGO	
STREET ADDRESS	1717 NORTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OLIVA, EVELIO	
STREET ADDRESS	1717 NORTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	CFOD	<input checked="" type="checkbox"/> Delete
NAME	MEDICI, JEAN-AIME	
STREET ADDRESS	1717 NORTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MEDICI, JEAN-AIME	
STREET ADDRESS	1717 NORTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE-PRESIDENT, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT CORRAS	
STREET ADDRESS	444 BRICKELL AVE. Suite 760	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIAS AKAR

4/11/00 (205) 371-8646
Date Daytime Phone #

CR2E034 (9/99)