

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90029 023 ***150.00

DOCUMENT # P99000111221

1. Entity Name
CIRQUE MEDICAL, INCORPORATED

Principal Place of Business

5865 SW 108TH STREET
MIAMI FL 33156

Mailing Address

5865 SW 108TH STREET
MIAMI FL 33156

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0972973**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEONE, MARY A
5865 SW 108TH STREET
MIAMI FL 33156

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P. LEONE, JAMES E**
STREET ADDRESS **5865 SW 108TH STREET**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME **S/T LEONE, MARY A**
STREET ADDRESS **5865 SW 108TH STREET**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME **D DYE, KENNETH R**
STREET ADDRESS **13041 JAUPON PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Delete
NAME **D LEONE, BRUCE J**
STREET ADDRESS **P.O. BOX 551391**
CITY-ST-ZIP **JACKSONVILLE FL 32255-1391**

TITLE ☐ Delete
NAME **D FINRGLASS, MKIL**
STREET ADDRESS **752 SHIPWATCH DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
NAME **D AGNEW, RICHARD C**
STREET ADDRESS **3595 UNIVERSITY BLVD. S STE 602**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **DYE, KENNETH R**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **FINE GLASS, NEIL**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02 (305) 667-5772
 Date Daytime Phone #

CR2E034 (9/01)