05-22-2002 90114 014 ***150.00

DOCUMENT # P95000092961

1. Entity Name

CIRCLE ACQUISITIONS, INC.

Principal Place of Business

7340 SW 61ST COURT

Mailing Address

7340 SW 61ST COURT

SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 2. Principal Place of Business 6313 SUNSET DRIVE 3. Mailing Address SUNSE T DRWE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Cit & State 4. FEI Number Applied For 65-0642285 50UTH 0416 Not Applicable \$8.75 Additional U.S.A 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STONER, CHARLTON Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVE SUITE 1700 **MIAMI FL 33131** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition EHRENKRANTZ, IRA EHRENKRANTZ, IRA NAME NAME **7340 SW 61ST COURT** STREET ADDRESS 6313 SUNSET DRIVE STREET ADDRESS CITY-ST-ZIP SOUTH MIAMI FL 33143 CITY-ST-ZIP SOUTH MIAMI, TITLE ☐ Defete TITLE ☐ Addition KAUFMAN, SEAN M NAME NAME STREET ADDRESS 21 TAHITI BEACH BLVD STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CJTY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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 hat 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 employered 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

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP