2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1126 S. FEDERAL HWY., SUITE 174

F02000006255 **DOCUMENT #**

1. Entity Name

Principal Place of Business

1126 S. FEDERAL HWY.. SUITE 174

CIRCLE ENTERPRISES, INC. OF DELAWARE

FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90320 028 ***150.00

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2. Principal Place of Business			3. Mai	3. Mailing Address				i (88)(84 (
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City	City & State			4.	FEI Number	45-04840)62		_ 	pplied For ot Applicable	}
Zip	Country			Zip Co		itry	5. Certificate of Status D		f Status Desir	ed [8.75 Add		1
	6. Name	nt Registere	Registered Agent			7. Name and Address of New Registered Agent							1	
					Name								l	
RANDALL, 1126 S. F	irene Ederal Hv					Street Address (P.O. Box Number is Not Acceptable)								
FT. LAUDERDALE FL 33316												·-·		1
						FL Zip				Zip Cod	 e	1		
8. The above	named entit	y submits this statemen	t for the purp	ose of changing its	egister	ed office or	registered ac	ent, or both,	, in the State of	of Florida.	l am far	niliar with,	and accept	1
the obligati	ions of regist	ered agent.			•								•	
SIGNATURE .														
	Signature, typed	or printed name of registered ag	d Agent signatu	re required when r	einstating)			DATÉ			j			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department				of State					tion Campaig t Fund Contrib		ng 🗆		0 May Be to Fees	
10.		OFFICERS AF	ND DIRECTO	DIRECTORS 11.			AE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					S IN 11	1
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NAME	RANDALL, IRENE					IAME Treet address] ;
STREET ADDRESS 1126 S. FEDERAL HWY., SUITE FT. LAUDERDALE FL 33316			E 1/4			-ST-ZIP								3
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

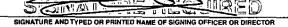
NAME

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☐ Delete

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