2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 23, 2002 8:00 am Secretary of State J54031 DOCUMENT # 1. Entity Name 05-23-2002 90010 040 ***158.75 CIRCUIT MASTERS, INC. Mailing Address Principal Place of Business 1711 W 38TH PLACE UNIT 1103 1711 W 38TH PLACE UNIT 1103 HIALEAH FL 33012 HIALEAH FL 33012 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2761840 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required -7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POIRIER, RAYMOND J. JR. Street Address (P.O. Box Number is Not Acceptable) 14303 ALAMANDA AVE MIAMI LAKES FL 33014 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition Delete TITLE TITLE NAME POIRIER, RAYMOND J. JR. NAME STREET ADDRESS STREET ADDRESS 14303 ALAMANDA AVE CITY-ST-ZIP MIAMI LAKES FL CITY-ST-ZIP ☐ Addition П Спалое Delete TITLE TITLE NAME NAME POIRIER, DIANA Y. STREET ADDRESS STREET ADDRESS 14303 ALAMANDA AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL Change. Addition_ ☐ Delete TITLE TITLE NAME CASTILLO, ANTONIO NAME STREET ADDRESS STREET ADDRESS 19620 NE 18 CT CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33179 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME PICKARD, MICHAEL NAME STREET ADDRESS STREET ADDRESS 810 NW 176 TERR CiTY-ST-7IP CITY-ST-ZIP **MIAMI FL 33169** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee changed, or on an attachment with an addi-

Date

Daytime Phone #

FILED