

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90161 036 ***150.00

DOCUMENT # L64425
 1. Entity Name
CIRCLE TRADE CORPORATION

Principal Place of Business 3625 N.W. 82ND AV. # 308 MIAMI FL 33166	Mailing Address C/O PERLMAN & ASSOCIATE, PA 799 BRICKELL PLAZA, SUITE 900 MIAMI FL 33131-2605
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address c/o George D. Perlman, P.A. Suite, Apt. #, etc. Suite 3000 701 Brickell Avenue
Suite, Apt. #, etc.	City & State Miami, Florida
City & State	4. FEI Number 65-0199325
Zip 33131	Country U.S.A.

Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PERLMAN & ASSOCIATE, P.A.
 799 BRICKELL PLAZA
 SUITE 900
 MIAMI FL 33131-2608

7. Name and Address of New Registered Agent
 Name: **GEORGE D. Perlman, P.A.**
 Street Address (P.O. Box Number is Not Acceptable): **701 Brickell Ave, Suite 3000**
 City: **Miami, FL** Zip Code: **33131**

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]* **George D. Perlman, President** 4/15/00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAILLANT, FRANCISCO H C/O 7270 N.W. 12 ST. ST. STE. 380 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODRIGUEZ, EVELYN C/O 7270 N.W. 12 ST. ST. STE 380 MIAMI FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EMILIO, FERNANDO A C/O 7270 N.W. 12 ST. ST. STE 380 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEIVA, TANYA C/O 7270 N.W. 12 ST. STE 380 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* Assistant Secretary 4/27/00 305-592-6942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-112-00000