

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90080 050 \*\*\*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 GEORGE D. PERLMAN P.A.  
 701 BRICKELL AVENUE SUITE #3000  
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

8180 N.W. 36 Street

8180 N.W. 36 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 327

Suite 327

City & State

City & State

Miami - Florida

Miami - Florida

Zip

Country

Zip

Country

33166

Dade

33166

Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERLMAN, GEORGE D  
 701 BRICKELL AVENUE SUITE #3000  
 MIAMI FL 33131-2608

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	VAILLANT, FRANCISCO H	
STREET ADDRESS	C/O 7270 N.W. 12 ST. ST. STE 380 8180 N.W. 36 ST. #327	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, EVELYN	
STREET ADDRESS	C/O 7270 N.W. 12 ST. ST. STE 380 8180 N.W. 36 ST. #327	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EMILIO, FERNANDO A	
STREET ADDRESS	C/O 7270 N.W. 12 ST. ST. STE 380 8180 N.W. 36 ST. #327	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEIVA, TANYA	
STREET ADDRESS	C/O 7270 N.W. 12 ST. ST. STE 380 8180 N.W. 36 ST. #327	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tanya Leiva (TANYA LEIVA)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 305-542-6942

Date Daytime Phone #

CR2E034 (10/00)

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