

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90196 045 ***550.00

DOCUMENT # L64425

1. Entity Name
CIRCLE TRADE CORPORATION

Principal Place of Business

~~8180 NW 36TH STREET~~
~~STE 327~~
~~MIAMI FL 33166~~

Mailing Address

~~8180 NW 36TH STREET~~
~~STE 327~~
~~MIAMI FL 33166~~

2. Principal Place of Business

2665 So. Bayshore Drive
 Suite, Apt. #, etc.
1100

3. Mailing Address

2665 So. Bayshore Dr.
 Suite, Apt. #, etc.
1100

City & State

MIAMI - Florida

City & State

MIAMI - FL

Zip

33133

Country

MIAMI-DEDE

Zip

33133

Country

MIAMI-DEDE

4. FEI Number

65-0199325

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Evelyn Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)

2665 So. Bayshore Drive #1100

City **MIAMI**

FL

Zip Code **33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/24/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **VAILLANT, FRANCISCO H**
 STREET ADDRESS **C/O 7270 N.W. 12 ST. ST. STE. 380**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VPD** ☐ Delete
 NAME **RODRIGUEZ, EVELYN**
 STREET ADDRESS **C/O 7270 N.W. 12 ST. ST. STE 380**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **STD** ☐ Delete
 NAME **EMILIO, FERNANDO A**
 STREET ADDRESS **C/O 7270 N.W. 12 ST. ST. STE 380**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **AS** ☐ Delete
 NAME **LEIVA, TANYA**
 STREET ADDRESS **C/O 7270 N.W. 12 ST. STE 380**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2665 So Bayshore Drive #1100**
 CITY-ST-ZIP **MIAMI - FL 33133**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2665 So. Bayshore Dr #1100**
 CITY-ST-ZIP **MIAMI - FL 33133**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2665 So Bayshore Dr. #1100**
 CITY-ST-ZIP **MIAMI - FL 33133**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2665 So. Bayshore Dr #1100**
 CITY-ST-ZIP **MIAMI - FL 33133**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/02
 Date

305-860 0116
 Daytime Phone #

CR2E034 (4/02)