

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2665 So. Bayshore Drive **2665 So. Bayshore Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1100 **1100**

City & State City & State
MIAMI - Florida **Miami - FL**
 Zip Country Zip Country
33133 **MIAMI-Dade** **33133** **Miami-Dade**

4. FEI Number Applied For
65-0199325 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 State Zip Code
MIAMI **FL** **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] DATE **7/24/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2665 So Bayshore Drive #1100 MIAMI - FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2665 So. Bayshore Dr #1100 MIAMI - FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2665 So Bayshore Dr. #1100 MIAMI - FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2665 So. Bayshore Dr #1100 MIAMI - FL 33133
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 REQUIRED DATE: **7/24/02** DAYTIME PHONE #: **305-860 0116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)