

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90199 019 \*\*\*\*61.25

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**DOCUMENT # N02000006010**

1. Entity Name  
**SISTAH CIRCLE, INC.**



Principal Place of Business  
**26021 SW 130 AVE.  
PRINCETON FL 33032**

Mailing Address  
**26021 SW 130 AVE.  
PRINCETON FL 33032**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

**56-2284445**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AKINS, ALICIA D  
26021 SW 130 AVE.  
PRINCETON FL 33032**

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. 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)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **AKINS, ALICIA D**  
STREET ADDRESS **26021 SW 130 AVE.**  
CITY-ST-ZIP **PRINCETON FL 33032**

TITLE **V** ☐ Delete  
NAME **CLARIT, MICHELLE**  
STREET ADDRESS **13264 SW 255 TERR.**  
CITY-ST-ZIP **MIAMI FL 33032**

TITLE **T** ☐ Delete  
NAME **COATS, MARIA**  
STREET ADDRESS **11331 SW 176 STREET**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition  
NAME **Alicia AKins**  
STREET ADDRESS **26021 SW 130 ave**  
CITY-ST-ZIP **Princeton FL 33032**

TITLE **T** ☐ Change ☐ Addition  
NAME **Michelle Clarit**  
STREET ADDRESS **13264 SW 255 Terr**  
CITY-ST-ZIP **Miami, FL 33032**

TITLE **T** ☐ Change ☐ Addition  
NAME **Maria Coats**  
STREET ADDRESS **11331 SW 176 St**  
CITY-ST-ZIP **Miami, FL 33176**

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ALICIA AKINS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/03**  
Date

Daytime Phone #

CR2E037 (10/02)