

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90149 049 \*\*\*150.00

**DOCUMENT # P00000077444**

1. Entity Name  
**H & A CIRCLE CORPORATION**

Principal Place of Business Mailing Address  
**14810 N.E. 6TH AVENUE 14810 N.E. 6TH AVENUE**  
**NORTH MIAMI FL 33161 NORTH MIAMI FL 33161**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

65-1032-432

4. FEI Number 65-1032-432 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PERVEEN, SHAGUFTA**  
**14810 N.E. 6TH AVENUE**  
**NORTH MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name **SABEEN SIDDIQUE**

Street Address (P.O. Box Number is Not Acceptable)  
**14810 N.E. 6TH AV**

City **N. MIAMI** FL Zip Code **33161**

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

PD

04-16-01

(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

TITLE **PD** ☐ Delete  
 NAME **PERVEEN, SHAGUFTA**  
 STREET ADDRESS **14810 N.E. 6TH AVENUE**  
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE **VD** ☒ Delete  
 NAME **AHMED, AYUB**  
 STREET ADDRESS **14810 N.E. 6TH AVENUE**  
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 CITY-ST-ZIP

TITLE **VD** ☒ Change ☒ Addition  
 NAME **SABEEN Siddique**  
 STREET ADDRESS **14810 NE 6th Ave**

CITY-ST-ZIP **N. MIAMI FL 33161** ☐ Change ☐ Addition

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

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: *Shagufta Perveen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)