

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90318 049 ***150.00

DOCUMENT # P02000097204

1. Entity Name
CIRCUITO CERRADO, INC.



Principal Place of Business
P.O. BOX 22638
HIALEAH, FL 33002

Mailing Address
P.O. BOX 22638
HIALEAH, FL 33002

2. Principal Place of Business
ZOO NE 2ND DRIVE

3. Mailing Address
40 ALLEN & GALEGO

Suite, Apt. #, etc.
601 BRICKELL KEY DR STE 805

City & State
HOMESTEAD, FL

City & State
MIAMI

Zip
33030

Country

Zip
33131

Country



☒ CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent

MARTINEZ, JUAN A
200 NE 2ND DRIVE
HOMESTEAD, FL 33030

4. FEI Number
81-0571631

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name
ALLEN & GALEGO

Street Address (P.O. Box Number is Not Acceptable)
601 BRICKELL KEY DR STE 805

City
MIAMI

FL Zip Code
33131

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]* by: **Robert N. Allen, Jr., President** DATE **4/28/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee Will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JUAN A 200 NE 2ND DR. HOMESTEAD, FL 33030	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPYST MARTINEZ, JUAN A 601 BRICKELL KEY DR STE 805 MIAMI, FL 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ALLEN, ROBERT N JR 601 BRICKELL KEY DR STE 805 MIAMI, FL 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 607, 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: *[Signature]* **Robert N. Allen, Jr.** DATE **4/23/03** 305.372.3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH2E034 (10/02)