

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10: 37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000048253 (7)

1. Corporation Name

CIRCLE UNITED, INC.

Principal Place of Business

**19221 NE 10TH AVE.
STE. 418
NORTH MIAMI BEACH FL 33179
US**

Mailing Address

**19221 NE 10TH AVE.
STE. 418
NORTH MIAMI BEACH FL 33179
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/12/1993

3a. Date of Last Report

07/28/1994

4. FEI Number

65-0433759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**MOM, SOPHAL
19221 NE 10TH AVE.
STE. 418
NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **MOM, SOPHAL**
STREET ADDRESS **19221 NE 10TH AVE., STE. 418**
CITY- ST- ZIP **NORTH MIAMI BEACH FL**

1 **TITLE** ☐ Change ☐ Addition

1.2 **NAME**

1.3 **STREET ADDRESS**

1.4 **CITY- ST- ZIP**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 **TITLE**

2.2 **NAME**

2.3 **STREET ADDRESS**

2.4 **CITY- ST- ZIP**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 **TITLE**

3.2 **NAME**

3.3 **STREET ADDRESS**

3.4 **CITY- ST- ZIP**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 **TITLE**

4.2 **NAME**

4.3 **STREET ADDRESS**

4.4 **CITY- ST- ZIP**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 **TITLE**

5.2 **NAME**

5.3 **STREET ADDRESS**

5.4 **CITY- ST- ZIP**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 **TITLE**

6.2 **NAME**

6.3 **STREET ADDRESS**

6.4 **CITY- ST- ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sophal Mom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, '95 (305) 653-6757
Date Telephone Number