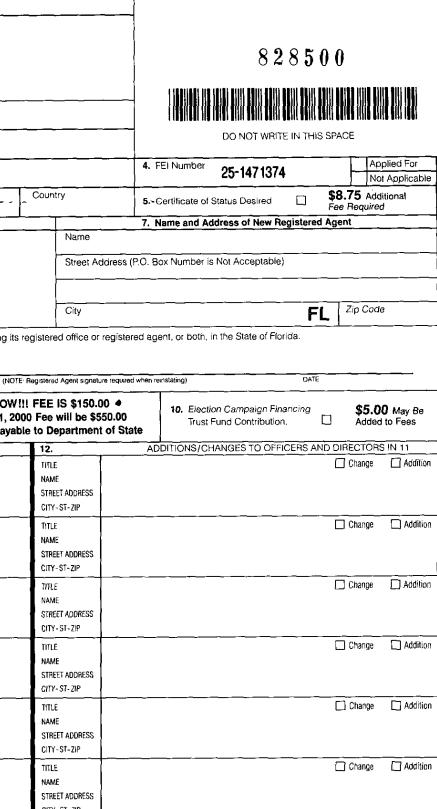
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P95000000366** CIRCLE K LAND COMPANY Mailing Address Principal Place of Business NW 56 ST 8510 NW 56 ST MIAMI FL 33166-3329 FL 33166 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State Zip Country Country Zip 6. Name and Address of Current Registered Agent Name MOORE, W. RODGERS Street Address (P.O. Box Number is Not Acceptable) 4800 N FEDERAL HWY SUITE 210-A **BOCA RATON FL 33431** City 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.

FILED Mar 29, 2000 8:00 am Secretary of State

03-29-2000 90071 001 ***150.00



CR2E034 (9/99)

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.

FILE NOW!!! FEE IS \$150.00 ◆

12.

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IF

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

Delete

Delete

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SIGNATURE:

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

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

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

KLIGMANN, EUGENE W

FT LAUDERDALE FL 33331

2745 STIRRUP LN

Tax filing requirement and elects to do so.

(See criteria on back)

ロログ・シスピー 日 ロビュロ NAME OF SIGNING OFFICER OR DIRECTOR