5/.
5
5/2/0

FILED
Jul 18, 2001 8:00 am
Secretary of State

05-02-2001 90212 006 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028500

1. Entity Name
CIRCLE T, INCORPORATED

Principal Place of Business	Mailing Address
9863 NW 26 PLACE SUNRISE FL 33322	9863 NW 26 PLACE SUNRISE FL 33322

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0737044 ☐ Applied For ☐ Not Applicable

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
~~KALLADANTHYIL, ROBY~~ 9863 NW 26 PLACE SUNRISE FL 33322	Name: SIBY KALLADANTHYIL Street Address (P.O. Box Number is Not Acceptable): 9863 NW 26th PL SUNRISE 33322 City FL Zip Code 33322

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: Siby Roby (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE 5/22/01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~KALLADANTHYIL, ROBY~~ 9863 NW 26 PLACE SUNRISE FL 33322 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SIBY KALLADANTHYIL President 9863 NW 26th PL Sunrise FL 33322
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KALLADANTHYIL, SIBY 1801 N 66TH AVE. HOLLYWOOD FL 33024 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Joy Jacob Vice president 9863 NW 26th pl Sunrise FL 33322
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Siby Roby (Signature and typed or printed name of signing officer or director) 4/24/01 (Date) 7464 3030 (Daytime Phone #)