

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/2!  
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**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90068 001 \*\*\*\*\*8.75  
02-29-2000 90068 002 \*\*\*150.00

**DOCUMENT # V19332**

1. Entity Name

**CIRCLE R FOOD MART, INC.**

Principal Place of Business

Mailing Address

1830 N. UNIVERSITY DRIVE  
PLANTATION FL 33322

1830 N. UNIVERSITY DRIVE  
PLANTATION FL 33322-4114

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

**65-0317053**

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 M.**  
**1830 N. UNIVERSITY DR.**  
**PLANTATION FL 33322**

Name

**NELSON Collado**

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

**3321 N.W. 47th Terrace Apt 121**

City

**Lauderdale Lake, FL**

Zip Code

**33319**

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

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

(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, 2000 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KALLADANTHYIL, SIBY</b>	
STREET ADDRESS	<b>9863 NW 26TH PL</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KALLADANTHYIL, ROBY</b>	
STREET ADDRESS	<b>1830 N UNIVERSITY DR.</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NELSON Collado</b>	
STREET ADDRESS	<b>3321 N.W. 47th Terrace Apt 121</b>	
CITY-ST-ZIP	<b>Lauderdale Lake, FL 33319</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Maira RAMOS</b>	
STREET ADDRESS	<b>3321 N.W. 47th Terrace Apt 121</b>	
CITY-ST-ZIP	<b>Lauderdale Lake, FL 33319</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/2/00 (954) 730-7977**

CR2E034 (9/99)