

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90471 007 \*\*\*\*61.25

**DOCUMENT # 734914**  
 i. Entity Name  
**THE CHARTER CLUB, INC.**

Principal Place of Business 600 NORTHEAST 36TH STREET MIAMI FL 33137	Mailing Address 600 NORTHEAST 36TH STREET MIAMI FL 33137-3929
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1681500</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  <b>VIAMONTE, MANUEL B</b> <b>358 W. 58 TER.</b> <b>HIALEAH FL 33012</b>	7. Name and Address of New Registered Agent Name <b>RICHARD DE LA ROSA</b> Street Address (P.O. Box Number is Not Acceptable) <b>THE CHARTER CLUB, INC.</b> <b>600 NE 36th Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33137</b>
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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: *Richard De La Rosa* **Richard De La Rosa** **Managers** **4/14/00**  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WIENSOFF, IRVING</b> <b>600 NE 36TH STREET</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Mary T. Diaz-Granados</b> <b>600 NE 36th Street, #PH25</b> <b>Miami, FL 33137</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ARRANZA, AUTUMN</b> <b>600 NE 36 ST</b> <b>MIAMI FL 33137</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Cecilia Cervera</b> <b>600 NE 36th Street, #704</b> <b>Miami, FL 33137</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ENSMINGER, RICHARD</b> <b>600 NE 36TH STREET</b> <b>MIAMI FL 33137</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Allen Hasbun</b> <b>6000 Biscayne Blvd</b> <b>Miami, FL 33137</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHMUELI, KAL</b> <b>600 NE 36TH ST</b> <b>MIAMI FL 33137</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Mercy Delgado</b> <b>600 NE 36th Street, #1718</b> <b>Miami, FL 33137</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LOMBARDI, CAROLINA</b> <b>600 NE 36TH ST</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sandy Budhrani</b> <b>600 NE 36th Street, #419</b> <b>Miami, FL 33137</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HASHBUN, ALLEN</b> <b>600 NE 36TH ST</b> <b>MIAMI FL 33137</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Esther Perez-Trujillo</b> <b>600 NE 36th Street, #319</b> <b>Miami, FL 33137</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 617, 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: *Richard De La Rosa* **Richard De La Rosa** **President** **04/14/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)