

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90038 026 ****61.25

DOCUMENT # 734914

1. Entity Name
THE CHARTER CLUB, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
600 NE 36th STREET
Suite, Apt. #, etc.

3. Mailing Address
600 NE 36th STREET
Suite, Apt. #, etc.

54009625

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33137

Country

4. FEI Number 59-1681500

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name
BECKER POLIAKOFF PA C/O ROSA M. DE LA CAMARA ESQ.

Street Address (P.O. Box Number is Not Acceptable)
5201 BLUE LAGOON DRIVE

SUITE 100

City
MIAMI

FL

Zip Code
33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Rosa M. de la Camara for Becker & Poliakoff, P.A.* **DATE:** 1/26/04

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P/D	NAME SOTO, MARY-JANE W.	STREET ADDRESS 600 NE 36th STREET, UNIT 1106	CITY-ST-ZIP MIAMI, FL 33137
TITLE VP/D	NAME ROTH, DARLENE	STREET ADDRESS 600 NE 36th STREET, UNIT 1222	CITY-ST-ZIP MIAMI, FL 33137
TITLE S/D	NAME SONDERLING, ROY	STREET ADDRESS 600 NE 36th STREET, PH-16	CITY-ST-ZIP MIAMI, FL 33137
TITLE T/D	NAME STEGONSHEK, JASON	STREET ADDRESS 600 NE 36th STREET, UNIT 408	CITY-ST-ZIP MIAMI, FL 33137
TITLE D	NAME GOMEZ, NANETTE	STREET ADDRESS 600 NE 36th STREET, UNIT T-22	CITY-ST-ZIP MIAMI, FL 33137
TITLE D	NAME LOMBARDI, CAROLINA	STREET ADDRESS 600 NE 36th STREET, UNIT 404	CITY-ST-ZIP MIAMI, FL 33137

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Roy Sonderling* **Secretary** **DATE:** 2/10/04 **PHONE:** 305-576-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #