

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90030 020 \*\*\*\*70.00

**DOCUMENT # 767049**

1. Entity Name

**CHARLEE OF DADE COUNTY, INC.**

Principal Place of Business

**5915 PONCE DE LEON BLVD  
 SUITE 26  
 CORAL GABLES FL 33146**

Mailing Address

**5915 PONCE DE LEON BLVD  
 SUITE 26  
 CORAL GABLES FL 33146**

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

**59-2302250**

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

**MANNE, STEVEN H., EXECUTIVE DIRECTOR  
 CHARLEE OF DADE COUNTY, INC.  
 5915 PONCE DE LEON BLVD., #26  
 CORAL GABLES FL 33146**

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>HUSTON, TOM JR.<br>1001 MANATI AVE.<br>CORAL GABLES FL 33146               | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MILGRAM, MARIAN<br>4120 KIAORA ST.<br>MIAMI FL 33133                       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>WOLDENBERG, CHARLES<br>5915 PONCE DE LEON BLVD.<br>MIAMI FL 33146          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD - VD<br>FUCHS, RONDA<br>201 CRANDON BLVD. #164<br>KEY BISCAYNE FL 33149       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ED<br>MANNE, STEVEN H.<br>5915 PONCE DE LEON BLVD., #26<br>CORAL GABLES FL 33146 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>ALAN KIRZNER<br>13220 SW 71 AVE.<br>MIAMI, FL 33156            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>CYNTHIA VARAT<br>11030 PARADELA ST.<br>CORAL GABLES, FL, 33156 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input 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:**

*Signature Requested*  
**STEVEN H. MANNE**

**2/12/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)